EFFECTIVENESS OF NURSING CARE ON CLIENTS WITH HERNIORRHAPHY AT MELMARUVATHUR ADHIPARASAKTHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH

By

Mrs. G.ANBUMATHI

A Dissertation submitted to
THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,
CHENNAI.

IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

MARCH - 2010

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CERTIFICATE

This is to certify that "**EFFECTIVENESS OF NURSING CARE ON CLIENTS WITH HERNIORRHAPHY AT MELMARUVATHUR ADHIPARASAKTHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH**", is a bonafide work done by **Mrs. G. ANBUMATHI**, Adhiparasakthi College of Nursing, Melmaruvathur, in partial fulfillment for the University rules and regulations towards the award of the degree of **Master of Science in Nursing, Branch-I**, **Medical Surgical Nursing**, under my guidance and supervision during the academic year 2008 - 2010.

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CHAPTER - I

INTRODUCTION

Health is the actualization of inherent and acquired human potential through goal directed behaviour, competent self care, and satisfying relationship with others, while adjustment are made as needed to maintain structural integrity and harmony with the environment.

Nursing is the protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response and advocacy in the care of individual families, communities and population. (American Nurses Association, 2003)

Surgery is a procedure it involves cutting of a client tissue or closure of previously sustained wound. Preoperative care is the preparation and management of client prior to surgery, it includes both physical and psychological preparation. Postoperative period begins immediately after surgery and continuing until the client is discharged from hospital.

A hernia is when an internal part of the body, such as an organ, pushes through a weakness in the muscle or surrounding tissue wall.

A hernia is a protrusion of the displacement of intra-abdominal tissue or viscous through a congenital or acquired opening or facial defect in the abdominal wall. In general hernias of the abdominal wall occur for less frequently in women than in men. With the greatest disparity in the incidence of indirect and direct inguinal hernias.

A hernia can occur in several places in the abdominal wall, with protrusion of a portion of the parietal peritoneum and often a part of the intestine the weak places or intervals in the abdominal aponeurosis are i) The inguinal canal, ii) The femoral rings and iii) the umbilicus.

Herniorrhaphy is one of the most common operative procedures performed and is the preferred treatment for all population groups when a defect is detected.

On going post operative care is planned to ease the client's recovery from surgery. The nursing care includes promoting physical and psychological health, preventing complications.

The postoperative nursing care focuses on monitoring and maintaining respiratory, circulatory, fluid and electrolytes, neurological status as well as management of pain and other factors including temperature control, wound status, genitourinary and gastro intestinal functions.

Any numbers of the conditions causing increased pressure within the abdomen can contribute to the formation of a hernia. Contributing factors to hernia formation include age, sex, previous surgery, obesity, nutritional state and pulmonary and cardiac disease. Loss of tissue turgor occurs with aging and in chronic debilitating disease.

Hughes, (2003) In many cases, hernias cause very few or no symptoms. However, there is a chance that the hernia could cause an obstruction in the bowel or interrupt the blood supply to the intestines, both of which are medical emergencies. Due to the potential risks of these complications, surgery is usually

recommended to repair the hernia. The exception is umbilical hernias, as the risks of complications are thought too small to justify surgery.

Lacgor, (2005) stated that there is a increasing inguinal hernia rate in Denmark from 1989 to 2003 and is probably due to that obesity with flabby abdominal muscle clients.

Roger, (2002) stated that there is pre-operative causes of hernia are chronic of, weak muscle tone, straining while passing urine, ascites etc.

NEED FOR THE STUDY

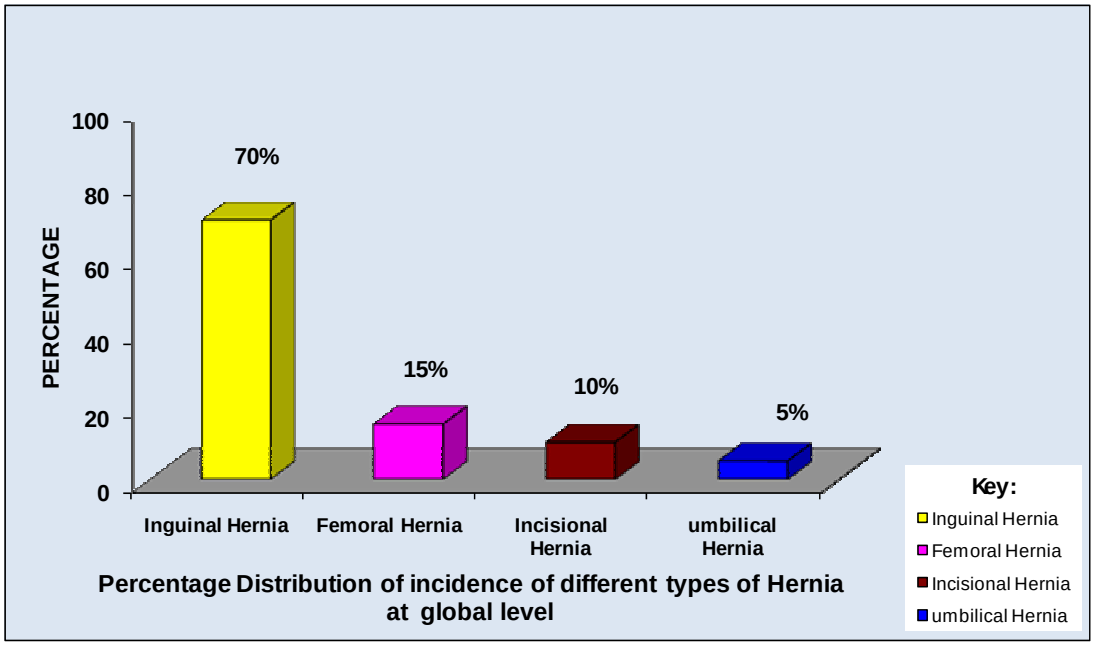
People are recognizing health care as a right rather than a privilege. Hence the need to conduct studies on nursing practice have been considered imperative by many authors and it has a high priority on clinical nursing research.

A good post operative management is very essential and can change the course of recovery.

Following surgery there may be depletion of the extra cellular fluid due to loss at the operative site, because of the operative trauma or there may be third space fluid losses. As a result of in the first forty eight hours of the surgery sodium containing fluids should be given.

In global level the rate of inguinal hernias constitute 70 percentage, 15 percentage constitute of femoral hernias, 10 percentage constitute of incisional hernias and 5 percentage constitute of umbilical hernias and other types.

Fig 1.1 Percentage distribution of incidences of different types of hernia at global level

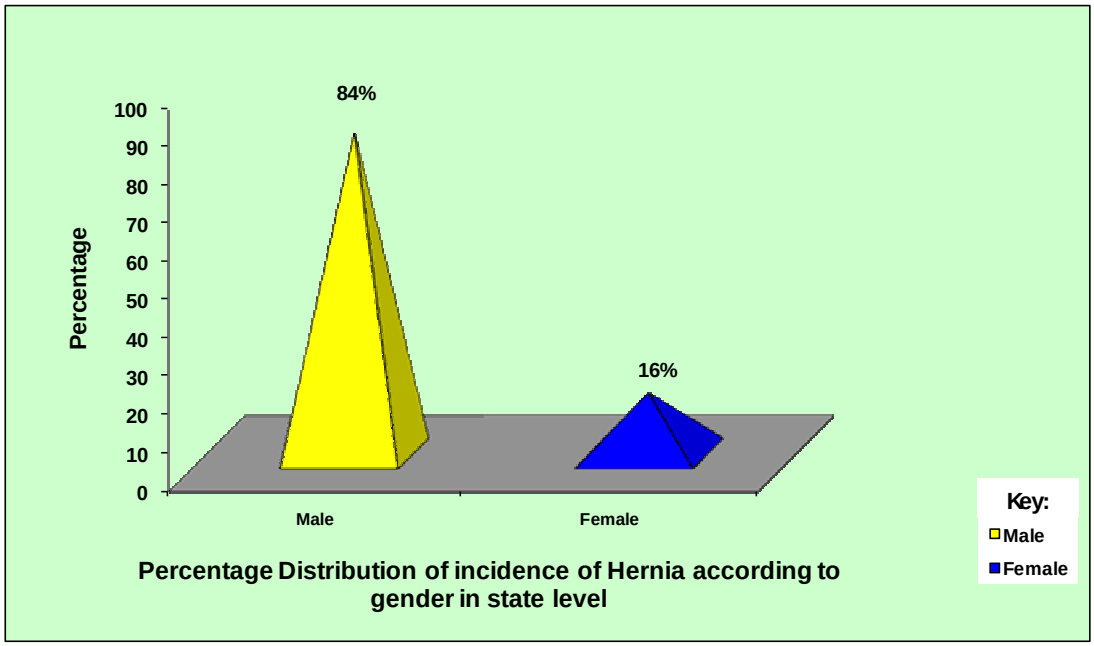


Source : British Journal of Surgery, Volume 84, No . 11.

In National Level Government of India annual report (2003), showed that the true incidence and prevalence of inguinal hernia remain unknown. In India 756000 inguinal hernia repairs were performed in 2003 of which 176000 were bilateral. Laparoscopic studies have reported rates of contra lateral defects as high as 22 percentage with 28 percentage going on to become symptomatic during short term follow up. The male female ratio is greater than 10:1. Lifetime prevalence is 25 percentage in men and 2 percentage in women. Two thirds of inguinal hernias are indirect. Nearly two-thirds of recurrent hernias are direct. Inguinal hernias have approximate incidence of incarceration of 10 percentage, and a portion of these may become strangulated. Recurrence rates are less than one percentage in children and vary in adults according to the method of hernia repair.

In state level, 84 percentage of hernias occur in the male with the remaining 16 percentage occur in females. As the frequency and magnitude of herniorrhaphy have increased in recent years.

Fig 1.2 Percentage distribution of incidence of hernia according to gender in state level



Source : The Nursing Journal of India, Volume 84, No: 7.

The National Centre for health Statistics (2005), reported that of clients who present with acute intestinal obstruction, fever than 5 percentage have an internal hernia. When internal hernias are complicated by intestinal volvulus. There is 80 percentage incidence of strangulation or gangrene. Incisional hernias occur at sites of previous incision at which there has been in the abdominal wall. The causes are multiple and include wound infections. Obesity, malnutrition and technical wound closure factors. Hernias occur in up to 14 percentage of clients undergoing abdominal operations and are most commonly seen with midline incisions. Umbilical hernias are congenital defects.

It is also common in adults. Clients with ascites have a high incidence of umbilical hernias. Umbilical hernias have a fairly high rate of incarceration. Usually with peritoneal fat or Omentum.

Long and Sandler, (2000) reported that Inguinal hernias are the most common type of hernia. Every year in England, 70,000 surgical operations are required to repair inguinal hernias. In reported cases, 98 percentage occur in men. Inguinal hernias can occur at any age, but they are primarily an age-related condition. The older you get, the more likely you are to develop one.

Suddarth, (2004) revealed that Femoral hernias are less common than inguinal hernias, occurring in 16 out of every 100,000 people in England. Around three quarters of cases of femoral hernias occur in women.

Jacob, (2005) reported that Incisional hernias are developed as a complication of herniorrhapy. The chance of an incisional hernia developing after surgery can vary from between 0.5-10 percentage, depending on the type of surgery involved.

James, (2005) concluded that Umbilical hernias are very common in young children, with as many as one in six children being affected. Black children are 10 times more likely to develop an umbilical hernia than white children. The reasons for this are unclear. In most cases, an umbilical hernia will resolve as a child grows older, without the need for treatment.

Cameron, (1982) reported that groin hernias were originally documented 3500 years ago. with surgical intervention starting approximately 1500 years after that. Before the intervent of surgical repair of the hernia. External supports called trusses were used to contain hernias that protruded from the body.

Edoardo Bassin, (1990) introduced a surgical technique that is still the foundation for modern hernia repair.

Sabiston, et. al, (1991) stated in India the incidence of inguinal hernias is 15 per 1000 population. Inguinal hernias are more common in males (84 percentage) than females (16 percentage).

World Health Organization (2004) estimated that the rate of femoral hernias constitute 2 – 4 percentage of all groin hernias, :70 percentage of femoral hernias occur in women of femoral hernias, 25 percentage become incarcerated or strangulated, and a similar number are missed or diagnosed later.

This study highlights the increased incidence of hernia, that needs immediate surgical interventions. Hernial repair shows better prognosis for client with hernia. So the researcher has choosen this topic to address the problem of herniorrhaphy.

STATEMENT OF THE PROBLEM

EFFECTIVENESS OF NURSING CARE ON CLIENTS WITH HERNIORRHAPHY IN MELMARUVATHUR ADHIPARASAKTHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH.

OBJECTIVES

1. to assess the health status of the clients with herniorrhaphy.
2. to evaluate the effectiveness of nursing care on clients with herniorrhaphy.

3. to correlate the selected demographic variables with the progress in health status on clients with herniorrhaphy.

OPERATIONAL DEFINITIONS

1. Effectiveness

Effectiveness refers to produce intended result of nursing care with regard to improvement in vital parameters, pain relief, nutritional status, fluid and electrolyte balance, wound healing and prevention of complications.

2. Nursing care

Nursing care which includes both pre operative and post operative nursing care. Pre operative nursing care includes monitoring vital parameters, comfort measures, nutritional status, maintaining hydrational status, check bowel sounds, pre operative medication, physical preparation, exercise and health education.

Post operative nursing care includes monitoring vital parameters, level of consciousness, dressing, wound care, comfort measures, dietary management, bladder and bowel pattern post operative exercises and early ambulation.

3. Clients

It refers to men and women above 13 years of age who were admitted for herniorrhaphy .

4. Herniorrhaphy

Herniorrhaphy is a surgical procedure for correcting hernia. It involves the use of prosthetic material in the repair and strengthening of the musculature.

ASSUMPTION

Appropriate and timely nursing care to clients underwent herniorrhaphy can prevent complications and help for speedy recovery.

LIMITATION

1. The study was limited to 30 clients those who were admitted in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research.
2. The period of study was limited to 6 weeks.

PROJECTED OUTCOME

Nursing interventions on clients with herniorrhaphy will promote comfort and prevent complications and will improve the quality of life.

CONCEPTUAL FRAME WORK

A conceptual framework refers to a concepts or structure offers a frame work of prepositions for conducting research. The study design is to elicit the effectiveness of post operative nursing care on clients with Herniorrhaphy.

The scholar applied Lydia Hall's Core, Care, Cure Theory for this study . Here the 'Core' refers to the persons who are in need of therapeutic nursing care. The 'Care' refers to body intimates bodily care aspects of nursing and the 'Cure' refers to seeing the client and assessing the effectiveness of nursing care.

As the body is on the concepts of comprehensive care, the scholar modified Lydia Hall's 'Core', 'Care', 'Cure' theory. The central functioning concept is that the need for professional comprehensive care and effective approach. Lydia Hall presents her theory of nursing with three interlocking circles each circle presenting a particular aspect of nursing that is 'core, care, cure'.

CORE

Involves the investigator and clients with Herniorrhaphy where both interact to achieve main goal. The core circle refers to the client's and that includes nursing care that revolves around a

nurse’s therapeutic use of self. It involves developing an inter personal relationship with a client, which allows the client to express feeling about disease and further client’s maturity and self identity.

CARE

It represents comprehensive pre and post operative nursing care. It refers to the client’s body and represents the nurturing aspects of nursing care. The care circle refers to intimate body care, such as bathing and feeding. A nurse uses knowledge of the natural and biological sciences as a basis for this care and includes teaching which includes client’s care.

CURE

Involves the outcome of treatment that is effectiveness of post operative nursing care. It involves helping a client and family members through medical, surgical and rehabilitative measures instituted by the physician. It is a collaborative practice.

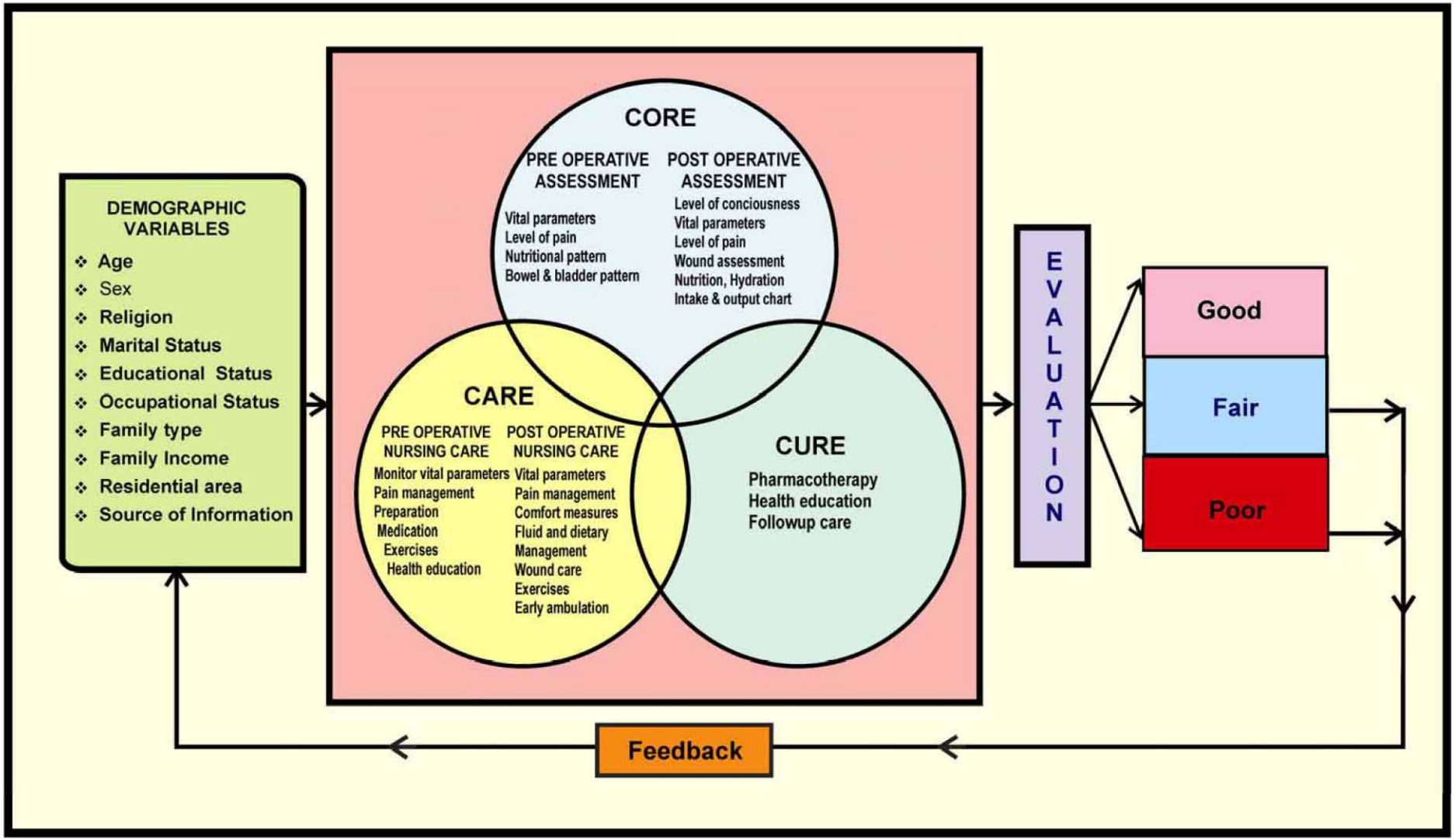


FIG. 1.3 CONCEPTUAL FRAMEWORK BASED ON MODIFIED LYDIA HALL'S CORE, CARE, CURE THEORY (1975)

13(a)

CHAPTER - II

REVIEW OF LITERATURE

Review of literature serves a number of important functions in the research process. It helps the researcher to generate ideas or to focus on a research topic. It also can be useful in pointing out the research methodology, measuring tools and even type of statistical analysis that might be productive in pursuing the research problem. Literature review refers to the activities involved in identifying and searching for information on a topic and developing a comprehensive picture of knowledge on that topic.

The review of literature is an extensive systematic selection of potential sources of previous work, facts and findings of the chosen problem. The literature review has contributed good back ground material, helpful methodology and relevant insights to this study.

In the review of literature related to this study is discussed under the following headings

- **Review of literature related causes of hernia**
- **Review of literature related to effectiveness of post operative nursing care on clients with herniorrhaphy.**
- **Review of literature related to post operative complications of clients with herniorrhaphy.**

REVIEW OF LITERATURE RELATED CAUSES OF HERNIA

For the present day, literature review was done and presented in the following headings.

Perry, E. (2003) Infection cases operated for peritonitis such as perforated duodenal ulcer, gangrene of the intestines etc. Usually develop incisional hernia. The drainage tubes which are placed inside the peritoneal cavity help in reducing the post operative incisional hernias, by draining peritoneal contents outside. The midline is especially weak to the lower abdomen because of absence of posterior rectus sheeth below the orcuate line or semi lunar line. Obesity with week muscle tone predisposes to incisional hernia. Faulty technique of closure of the abdomen or faulty sutures are also responsible for incisional

hernia. Ascities distension and persistent post operative cough further weakens the incision. Wrongly placed incision where in nerves of the abdominal muscles are cut.

Marthas, et al. (2002) stated that Causes for femoral hernia pregnancy : Nature has provided all human beings with an empty femoral sheath on the medial slide so that as gravid uterus comprises the external iliac vein, the femoral vein can also expand with in femoral sheath. Thus, increased abdominal pressure due to repeated pregnancies is one of the chief factors responsible for femoral hernias. The maximum incidence is around 30-40 years of age. Wide femoral canal, This is due to the narrow insection of illeopubic tract into the perineal line of the pubis and may be responsible for a few cases of femoral hernia.

Mecolus, (2001) Females in the 5^{th} decade are commonly affected. Male female ration is 1:5. Obesity with flabby abdominal muscle predisposes to Para umbilical hernia. Repeated pregnancies also weakens the abdominal wall.

Bassini's et al. (2000) stated that **pre operative** causes of herniorrhaphy are chronic cough, weak muscle tone, Straining

while passing urine obesity, ascites, etc. Intra operative causes Improper excision of the Sac. The sac should be ligated at the level of deep ring (neck). This is called as high ligation of the sac. Very often as soon as the inguinal canal is opened the sac is seen. If it is ligated at the fundus or body (low ligation). It invariably results in recurrence. Absorbable sutures like catgut have life span of 2-3 weeks. If they are used for reconstruction, they invariably result in recurrence. Bleeding at the end of the surgery, small bleeding points should be coagulated by using diathermy or ligatures.

Edward,S.R.W., (2000), Tension between suture lines can cause strangulation and fibrosis of muscle fibres. Hence care and gentleness is important while suturing conjoined tendon to the inguinal ligament. Post operative causes, Infection : Even though hernia is a clean surgery. If herniorrhaphy is done in the form of mesh plasty or the prolene darning antibiotics are necessary. Exertion : Too much exertion in the post operative period in the form of lifting heavy weights or carrying heavy weights on the shoulder may weaken the suture line resulting in hernia.

LITERATURE RELATED TO EFFECTIVENESS OF NURSING CARE ON CLIENTS WITH HERNIORRHAPHY

Mccarthy, M. (2007) reported that the surgical pain scales measure pain while at rest pain during normal activities, pain during work or exercise. The surgical pain scales demonstrated excellent psychometric properties in this study population. The surgical pain scales can be used to compare pain levels between groups at a single point in time or to track change of individual clients over time or after operations. Individualized pain management interventions can be tailored based on the sensory and effective ratings.

Pickard, A.S. (2007) suggested that an improvement in day – to day functioning is a valued outcome of surgical intervention. A new functional status assessment instrument, the activities assessment scale was designed for a randomized clinical trial evaluating laprascopic versus open hernia repair procedures. The activities assessment scale has been demonstrated to be a reliable, valid and clinically responsive instrument that can be used to evaluate client functioning after hernia repair. It is easy to administer and requires less than five minutes of clients time to

complete. This measurement system may prove useful in assessing surgical outcomes in both research and office practice.

Tapp,J. (2007) assessed that the effectiveness of the delivery of pain management care because pain management is a complex process. This article described a quality assurance study that was conducted on a surgical on a at a teaching hospital, which has 1200 licensed in client beds multi hospital system to the determine the effectiveness of pain management at the Gastro intestinal surgical unit. For the study a chart Audit Analysis tool was developed and used to review second pos operative day charts of clients who had undergone herniorrhaphy. The chart audit analysis tool quantifies by weighted indicators setting proved that effective planning necessary for pain management.

Schafheutle, et al. (2007) recommended that the need for a systematic way to assess clients pain in routine practice. Suggestions were made about low pain questioning would be improved even if it continues to take place during drug rounds. They may provide a good opportunity for efficient pain

questioning with a work environment acknowledging pressures of time and workload.

The memorial Centre (2007) in this article titles “pain management to client care”, stressed the importance of effective pain management pain is considered to be sent by the impulses when in distress pain is well controlled and helps the client to stay more active, sleep and eat better and have a positive feeling. Control of pain in client undergone surgery enable a speedy recovery without appropriate monitoring . Hence acute and chronic pain should be aggressively managed in post operative period to ensure a rapid functional recovery.

Lewis, (2007) stated that nausea and vomiting are significant problem in the immediate post operative period these problem are responsible un anticipated hospital admission of day surgery client. Numerous factors have been identified as contributing to the development of nausea and vomiting including anesthetic agent and technique the length and type of surgery and history of nausea and vomiting and motion sickness.

Perry, (2007) suggested that the post operative period the nurse client and family prepare the client for discharge. Education regarding activity level, diet, medications and specific to the type of surgery is on going through out the hospitalization. Some client will need assistance in the post operative after discharge from home care, such as wound care, drain management.

Brand, (2006) reported that hemorrhagic hypotension or operative trauma is believed to cause contraction beyond the measured fluid loss. The extra cellular volume was calculated from very few blood samples withdrawn after 20 to 30 minutes of equilibration, the evidence supported that he operation causes a contraction of the extra cellular volume and fluid and electrolytes loss so fluid management is very essential for clients who are undergone herniorrhaphy.

Ludwigshafen, et.al., (2006) stated that keeping the client may dry may be two edged sword because resulting in hypovolemia and tissue oxygenation. Current evidence indicates that using crystalloids exclusively cause overloading of interstitial compartment, where using colloids may improve micro perfusion and tissue oxygenation.

Perry, (2006) stated that general anesthesia predispose client to respiratory problem because lungs are not fully inflated during surgery and cough reflex is suppressed, client may have reduce lung volume and require greater effort to cough and deep breath inadequate lung expansion can lead to atlectasis and pneumonia so post operative nurse should assess the client cough and deep breath and ask to demonstrate diaphragmatic breathing exercise, controlled coughing and incentive spirometry.

Saclarides, T. et.al., (2006) reported that postoperative ileus is frequently experienced by many clients undergoing herniorrhaphy operations and other surgical procedures. Postoperative ileus causes physical discomfort and may increase risk for prolonged hospital length of stay. Combinations of strategies with demonstrated effectiveness such as early feeding, epidural analgesia, laparoscopic surgery and peripherally acting mu-opioid-receptor antagonists may help transform the management of post operative ileus into an effective multimodal paradigm that targets the diverse etiologic factors leading to this common clinical problem. Clearly, all surgical team members are crucial in the optimal implementation of such multimodal approaches.

Sim, (2006) reported that early ambulation is important to prevent cardiovascular and pulmonary complication. Ambulation can be initiated as early as day one. Drains and tubes should not be deterrent to staff or client during ambulation.

Klopper, H. (2006) studied the strategies used in past operative pain assessment among a groups of nurses in South Africa. Nurses used four categories of criteria (a) how the client looks (b) when the client says (c) the clients way of talking and (d) experience of similar circumstances and drew on their past experiences in five different ways (a) some clients report lower pain intensity than expected (b) a typology of clients (c) a focus on listening to clients (d) what to look for and (e) what to do for clients were identified. The different categories seem to be complementary and necessary for assessing pain in others. The findings have implications for professional who provide care for clients in pain.

Connor, G. (2005) said that client undergoing herniorrhaphy for client have to make major physical, psychological adjustment following surgery, research indicated that the early promotion of herniorrhaphy management skills is

therefore a critical concern for the hospital based stoma care nurse.

Jacob, A. (2005) A decreased length of hospital stay for surgical clients dramatically reduces the time available for nurses to teach clients how to manage post discharge self-care. Nurses need guidelines to prioritize teaching content. This study explored the perceptions of information needed by 45 clients who were recently discharged following short-term surgical procedures. Clients identified information related to activity, wound care, complications, and pain management as highly important. Client reports of information given and satisfaction with information were also examined. These findings can contribute to the development of teaching programs for clients who are discharged following short-term surgical procedures.

Mueller, T. (2005) suggested that Nurses practice of listening to bowel sounds was first proposed in 1905 and continues today, largely unquestioned. The authors developed a project to determine whether any compelling evidence exists for using this method to assess for the return of gastrointestinal motility following herniorrhaphy. Literature on the subject was

evaluated and an assessment of nursing practice was conducted. Based on the literature review and the assessment, a nursing practice guideline was developed, implemented, and evaluated. (The nursing practice guideline outlined in this article was evaluated for use with herniorrhaphy clients only and has not been evaluated in and may not be appropriate for other client populations). The results were positive and indicate that clinical parameters other than bowel sounds, such as the return of flatus and the first postoperative bowel movement, are appropriate in assessing for the return of GI motility after herniorrhaphy.

Bowel sound assessment was discontinued and client outcomes were evaluated to make sure that the practice change had no adverse effect on clients' recovery, there was no incidence of anastomotic leaks or aspiration pneumonia and complications which could be expected to occur secondary to early feeding. The authors have reviewed the literature which shows a trend towards decreasing use of routine postoperative nasogastric drainage. Based on the results of the current study, they suggest that there is no need to delay oral feeding till resolution of colonic ileus as early feeding is safe and well tolerated. They also suggest that early resumption of oral feeding may have a positive impact on the clients psychological state.

Thaler, (2005) reported that an early enteral tube feeding is widely used after major herniorrhaphy. Client receiving early post operative tube feeding developed sepsis with subsequent small bowel necrosis, abdominal distension and sign of sepsis developed early post operatively.

Thomas, V.J. (2005) suggested that this quasi-experimental study compared the degree of satisfaction with nursing care among clients receiving post-operative pain relief via client-controlled analgesia (PCA) and those receiving traditional intramuscular injection (IMI) regimes. The implications for nursing practice and management are addressed, with special emphasis placed on the notion that time saved with PCA should be used to increase client-nurse contact and should not be used to compensate for a reduction in nursing staff.

Evans, R.K. (2004) reported that post operative physical activity participation is considered important for achieving optimum weight loss and maintenance after herniorrhaphy.

Griffiths, R.D.(2004) evaluated objective of this systematic review was to determine the effect of the timing of removal of

indwelling urethral catheters on the duration to and volume of first void, length of hospitalization, number of clients developing urinary retention and requiring recatheterization, client satisfaction, and the percentage of indwelling urethral catheters removed according to the scheduled time for removal. Based on the limited available evidence, this article suggests benefits in terms of client outcomes and reduction in the length of hospitalization after midnight removal of the indwelling urethral catheters. Further trials should be undertaken in wider settings and on specific groups of clients to enhance generalisability.

Madsen, (2004) analyzed that nurses practice of listening to bowel sounds was first proposed in 1905 and continues today, largely unquestioned. The authors developed a project to determine whether any compelling evidence exists for using this method to assess for the return of gastrointestinal motility following herniorrhaphy . Literature on the subject was evaluated and an assessment of nursing practice was conducted. Based on the literature review and the assessment, a nursing practice guideline was developed, implemented, and evaluated. The results were positive and indicate that clinical parameters other than bowel sounds, such as the return of flatus and the first

postoperative bowel movement, are appropriate in assessing for the return of GI motility after herniorrhaphy. Bowel sound assessment was discontinued and client outcomes were evaluated to make sure that the practice change had no adverse effect on client's recovery.

Skilton, M. (2003) recommended for preoperative information for clients about their proposed surgery. Strategies for pain relief during their stay a recovery protocol for the administration of intravenous opioids of choice, In-titrated doses, and a protocol for the administration of oral analgesia by nurses from a prescribed list, for clients in pain on the ward.

Green, A. (2002) revealed that the clear understanding of the anatomy, physiology and therapeutic maneuvers used is essential . Clients undergone surgery who receiving sub atmospheric concentration of oxygen requires meticulous nursing care to detect early changes in the relative vascular resistance and to monitor for the hemodynamic effects of medical and nursing interventions.

Suddarth, (2002) stated that nursing interventions were designed to both prevent and treat respiratory problems. Proper positioning of the client to facilitate respirations and protect the airway essential. Unless contraindicated by the surgical procedure, the unconscious client is positioned in a lateral recovery position.

Atkinhead, (2001) revealed that a herniorrhaphy associated with sharper pain which is induced by coughing and moving and also responds poorly to morphine.

Ball, K.A, (2001), stated that the recovery position keeps the airway open and reduces the risk of aspiration if vomiting occurs. Once conscious, the client is usually returned to a supine position with the head of the bed elevated. This position maximizes the pressure of the abdominal contents on the diaphragm.

Deep breathing is encouraged to facilitate gas exchange and to promote the return to consciousness. The client should be taught to take in slow deep breaths, ideally through the nose, to hold the breath and to then slowly exhale. This type of breathing

is also useful as a relaxation strategy when a client is anxious or in pain.

According to **Bulmans, (2001)** while coughing the client surgical incision site to be supported with pillows and towel and the leg and foot exercises should be taught to the clients underwent herniorrhaphy.

Effective coughing is essential to mobilizing secretions. If secretions are present in the respiratory passages, deep breathing often will move them up to stimulate the cough reflex without any voluntary effort by the client and then they can be expectorated. Splinting on abdominal incision with a pillow or a rolled blanket provides support to the incision and aids in coughing and expectoration of secretions.

Leg exercise should be encouraging 10 to 12 times every 1 to 2 hours while awake the muscular contraction produced by these exercise and by ambulation facilities venous return from the lower extremities.

Stephen, J. (2001) conducted a study on early eternal feeding versus nil by mouth after herniorrhaphy. He concluded

that seem to be no clear advantage to keeping clients nil by mouth after elective herniorrhaphy. Early feeding may be of benefit. An adequately powered trial if required to confirm or refuse the benefits seen in small trails. He concluded that an early feeding is beneficial after a study conducted on post operative starvation after gastro intestinal surgery.

Loper & Hellin, J. (2001) stated that the metabolic response to surgery includes a net loss of proteins that influences negatively the clinical evaluation of the clients. They investigated the effect of perioperative nutrition on protein metabolism alterations immediately after surgery perioperative nutrition prevents the early protein losses after herniorrhaphy.

Byree, (2001) reported that at every stage of nutritional support primary objective was to compare the adequacy of nutritional intake by the group to their requirements, as per disease condition and risk for malnutrition. He concluded that a deficit intake of hospital diet during pre and post operative stages compared to equal requirements the effects were manifested through failure to improve homogram and biochemical

parameters close monitoring of nutritional intervention is necessary.

Gabor,S. (2000) founded that early enternal feeding significantly reduces the duration to hospital stay in clients who undergone herniorrhaphy. He concluded that early post operative appears to be safe and will tolerated after most abdominal surgery and leads to a considerable reduction in hospital stay.

Smyth. P.E. (2000) reported that the tetanus toxoid should be considered as adjunct to pain medications and should be used in that context. In the stressful environment of intensive care unit, the critical care nurse should pursue any means to provide decreased anxiety pain and increased comfort. The client in this article experienced pain relief and comfort with the use of tetanus toxoid. The whipple procedure was performed on the client, yet with the use of tetanus toxoid he was able to heal rapidly and was discharged ahead of schedule.

Larsen, P.D. (2000) reported that assessing and managing post operative pain in older adult clients is complex. A baseline pre operative pain assessment provides the necessary data that

assist appropriate and effective pain management. Careful monitoring and individualization of client dosages result in effective older adult client pain management.

Johnson, et.al.,(1999) studied the effect of deep breathing and ambulation after surgery. The study findings showed that the deep breathing exercises had large significant increase in the tidal volume (mean change 488.5ml) , while the respiratory rate decreased non significantly. By comparison, ambulation costs small increases in tidal volume.

LITERATURE RELATED TO POST OPERATIVE COMPLICATIONS ON CLIENTS WITH HERNIORRHAPHY

Stewart. et.al., (2007) reported that postoperative ileus is an abnormal pattern of gastro intestinal motility that is common after herniorrhaphy. There are many causes of ileus, including postoperative pain and the use of narcotics for analgesia, electrolyte imbalance and manipulation of the bowel during surgery.

Pandolfino, (2004) reported that wound dehiscence, delayed wound healing occurs among the obese client who were under went herniorrhaphy.

Simon, (2004) stated that over 2,60,000 hospital admissions are undergoing herniorrhaphy. In Meta analysis of epidemiological studies of India, it was reported that about 35-39 percent were affected by complication after herniorrhaphy. It was concluded that atelectasis, pneumonia, pleural effusion, respiratory infection, deep vein thrombosis and wound adhescence were main problem.

Andreson, et.al.,(2003) analyzed that severe pain causes several physiological responses that can be detrimental to the surgical client . Acute severe pain causes tachycardia and hypertension. It can be dangerous to clients with cardiac dysfunction especially if there is an element of hypovolaemia, because oxygen demands also increase with acute pain. Respiratory function also be compromised because client find it extremely difficult to take deep breaths and use their accessory muscles this will leads to atelectasis or pneumonia after herniorrhaphy.

Chandra and Robinson, (2003) stated that postoperative pulmonary complications in the herniorrhaphy are significant source of morbidity, mortality and prolonged stay in hospital.

Collins, et.al., (2002) examined that post operative complication after herniorrhaphy includes circulatory failure (shock) , there are two other classification of shock ,these are obstructive shock (including pulmonary embolism, cardiac tamponade and tension pneumothorax) and apparent hypovolemia (including sepsis, anaphylaxis, Neutrogena and adrenal insufficiency).

Edward, (2002) stated that the effects of anesthesia agent may depress respiratory function, cardiac output, peristalsis and normal functioning of the gastro intestinal tract and temporarily depress the bladder control and response .Effects on respiratory system includes pneumonia resulting from aspiration, depressed cough reflex, immobilization, and increased secretion from anesthesia.

Ewens, et.al., (2002) revealed that due to the excess blood loss during the herniorrhaphy this will leads to reduction in systolic pressure following surgery can leads to inadequate tissue

perfusion, damage at a cellular level and ultimately major organ failure and leads to shock.

Federick, (2002) found that deep vein thrombosis and pulmonary embolism are the major problem result in more than lakhs hospital admission client. Out of 173 samples prevalence rate was focused 43.8 percent.

Gould, (2002) revealed that client undergoing surgery were at great risk of clot formation because of the nature of surgery and the body's clotting mechanism, result in deep vein or pulmonary thrombosis.

Greta, (2002) stated that the incidence of postoperative complication in herniorrhaphy client among men were 26.78 percent while women incident rate is 27.65 percent.

Mathew, (2001) revealed that the prospective study of respiratory complications conducted over a month with sample of 584 clients. This study concluded that client's who underwent upper herniorrhaphy those who staying intensive care unit for more than 24 hours and on ventilator had a higher incidence of respiratory complication.

CHAPTER – III

METHODOLOGY

This chapter deals with the methodology adopted for the study and includes the description of research design, setting, population, sample size, sampling technique, criteria for sample selection, data collecting procedures and instruments.

RESEARCH DESIGN

Evaluative case study method was used to study the effectiveness of pre and post operative nursing care on clients with herniorrhaphy.

SETTING

The study was conducted in both male and female surgical ward in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research at Melmaruvathur, Kancheepuram district.

POPULATION

Clients admitted for herniorrhaphy in surgical ward in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research, at Melmaruvathur, Kancheepuram district.

SAMPLE SIZE

The sample of this study was 30 clients with herniorrhaphy who fulfilled the inclusion criteria.

SAMPLING TECHNIQUE

The Convenient sampling technique was used in this study to select the samples.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

- Clients admitted for herniorrhaphy
- The sample comprised both literate and illiterate
- Clients who know Tamil or English

Exclusion Criteria

- Clients with Gynaecological and other surgery
- Clients below the age group of 13 years.

METHOD OF DATA COLLECTION

Data was collected for a period of six weeks, by using questionnaire, modified Aldrete rating scale and observational check list.

PART - I

Demographic variables includes age, gender, religion, marital status, educational status, occupation, family type, monthly income, residential area and source of health information.

PART – II (A)

It consists of observation checklist used to assess the pre operative health status of the client admitted for herniorrhaphy. It includes vital parameters, comfort measures, Thermoregulation, Preoperative medication, Preoperative exercise, Maintenance of Nutrition, bladder pattern, bowel sounds, Maintenance of Input and output chart, Preoperative physical preparation, Consent and Preoperative health education.

PART – II (B)

It consists of observation checklist used to assess the health status of post operative client with herniorrhaphy. It includes vital parameters, oxygen saturation, thermoregulation, pain relieving measures, hydration, nutrition, Wound dressing, Position changing, Maintain intake and output chart, Post operative exercises and early ambulation.

PART - III

Modified Aldrete Rating Scale was used to identify the improvement in the health status of the clients with herniorrhaphy

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 30 samples on clients with herniorrhaphy at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. This study was done by using questionnaire, Modified Aldrete rating scale and observational check list.

Data analysis was done by using descriptive and inferential statistical procedure. The items were scored after assessment and evaluation and the results were tabulated. The statistical methods used for analysis were mean, standard deviation, sign test, and correlation.

DESCRIPTION OF THE TOOL

Details of the tools used in this study are given below

PART-I

Demographic variables

Demographic variables includes age, gender, religion, educational status, occupation, marital status, monthly income of

the family, size of the family, residential area and source of health information.

PART- II

It includes both preoperative and post operative observational check lists.

Observational check list (A)

It consists of observation checklist used to assess the pre operative health status of the client admitted for herniorrhaphy. It includes vital parameters, comfort measures, Thermoregulation, Preoperative medication, Preoperative exercise, Maintenance of Nutrition, bladder pattern, bowel sounds, Maintenance of Input and output chart, Preoperative physical preparation, Consent and Preoperative health education.

Observational check list (B)

It consists of observation checklist used to assess the health status of post operative client with herniorrhaphy. It includes Vital parameters, oxygen saturation, thermoregulation, pain relieving measures, hydration, nutrition, Wound dressing, Maintain intake and output chart, Post operative exercises and early ambulation.

PART- III

Modified Alderete Rating Scale

Modified Alderete Rating Scale was used to identify the improvement in the health status of the clients with herniorrhaphy.

REPORT OF THE PILOT STUDY

The pilot study was conducted to find out the effectiveness of nursing care on clients with herniorrhaphy in Melmaruvathur Adhiparasakthi institute of Medical Sciences and Research at Melmaruvathur, Kancheepuram district for a period of two weeks, the standardized tools were prepared by the investigator and used to find out reliability, validity which were evaluated by the experts of the research committee. I have used convenient sampling techniques to select three samples by using checklists and Modified Aldrete Rating Scale, the health condition of the clients with herniorrhaphy was assessed. The nursing care was provided as per tool and health status was evaluated and research were analysed based on the score. Therefore the nursing care was highly effective nursing care on clients with herniorrhaphy.

VALIDITY

The tool was prepared by the investigator under the guidance of experts and on the basis of objectives, which were assessed and evaluated, accepted by experts of research committee. Content validity of this instrument was obtained from nursing experts.

RELIABILITY

The reliability was checked by the interater method. The reliability was 0.72 by using Cronbach's formula. After that nursing care was provided, sign test was used and found that nursing intervention was effective.

INFORMED CONSENT

The investigator obtained written consent from the Managing Director, Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research and from the Principal Adhiparasakthi College Nursing, Melmaruvathur. Oral consent was taken from the study participants to conduct the study. The data collection was done for six weeks by using interview and observational method.

DATA COLLECTION PROCEDURE

The data were collected from co-operative clients who were admitted for herniorrhaphy for six weeks. Demographic data were collected from herniorrhaphy clients for ten minutes. Pre operative nursing care was given as per checklists. After herniorrhaphy surgery, assessment was done with the help of Modified Aldrete Rating Scale. The postoperative nursing care was given from 8.00 a.m. to 5.00 p.m. on all days during the study period, on the day of discharge the client's health status was evaluated with the help of Modified Aldrete Postoperative Rating Scale.

SCORE INTERPRETATION

The score was interpreted as follows

$$\text{Score interpretation} = \frac{\text{Obtained score}}{\text{Total score}} \times 100$$

SCORE DESCRIPTION

Description	Percentage
Poor	below 50%
Fair	50% - 75%
Good	above 75%

STATISTICAL METHOD

S. No.	Data Analysis	Method	Remarks
1.	Descriptive Statistics	Frequency, Percentage	To describe the demographic variables.
2.	Inferential statistics	1. sign test	Analysing the effectiveness between pre assessment and post evaluation of health status of the clients with herniorrhaphy.
		2.Correlation	Correlation between selected demographic variables and evaluation of health status of the clients with herniorrhaphy.

Data analysis and interpretation have been done under following headings.

Section- A : Distribution of selected demographic variables of clients with herniorrhaphy.

Section- B : Frequency and percentage distribution of health status of clients with herniorrhaphy.

Section- C : Comparison of mean and standard deviation of assessment and evaluation score of effectiveness of post operative nursing care on clients with herniorrhaphy.

Section- D : Correlation between selected demographic variables and effectiveness of post operative nursing care on clients with herniorrhaphy.

SECTION –A

TABLE 4.1

SECTION - A : DISTRIBUTION OF SELECTED DEMOGRAPHIC VARIABLES OF CLIENTS WITH HERNIORRHAPHY

N = 30

S.No.	Demographic Data	Frequency	Percentage
1.	**Age in years**		
	a. 13-20	1	3.4%
	b. 21-30	3	10%
	c. 31-40	3	10%
	d. 41-50	12	40%
	e. above 50	11	36.6%
2	**Gender**		
	a. Male	27	90%
	b. Female	3	10%
3.	**Religion**		
	a. Hindu	24	80%
	b. Muslim	3	10%
	c. Christian	2	6.6%
	d. Others	1	3.4%
4.	**Marital Status**		
	a. Married	18	60%
	b. Unmarried	3	10%
	c. Divorced	1	3.4%
	d. Widowers	8	26.6%
5.	**Educational Status**		
	a. Illiterate	15	50%
	b. Primary level	3	10%
	c. High School	4	13.4%
	d. Higher secondary level	6	20%
	e. Graduate level	2	6.6%

6.	**Occupation**		
	a. Un employee	9	30%
	b. Govt. employee	3	10%
	c. Private employee	12	40%
	d. Business	6	20%
7.	**Family type**		
	a. Nuclear family	9	30%
	b. joint family	18	60%
	c. Extended	3	10%
8.	**Family income per month**		
	a. Less than Rs.3000/-	18	60%
	b. Rs.3001/- Rs.4000/-	3	10%
	c. Rs.4001/- Rs.5000/-	6	20%
	d. Rs.5001/- and above	3	10%
9.	**Residential Area**		
	a. Rural	18	60%
	b. Urban	6	20%
	c. Semi rural	1	3.4%
	d. Semi urban	5	16.6%
10.	**Health information**		
	a. Mass media	12	40%
	b. News paper	8	26.6%
	c. Health Professionals	9	30%
	d. Friends and relatives	1	3.4%

From Table 4.1 implies the distribution of respondents according to certain demographic factors like, age, gender, marital status, educational status, occupation, religion, family type, family income, residential area and health information.

Out of 30 clients one (34 percentage) client was in the age group of 13-20 years, 3(10 percentage) clients were in the age group of 21- 30 years, three (10percentage) clients were in the age group of 31-40 years, 12 (40 percentage) clients were in the age group of 41-50 years, 11 (36.6 percentage) clients were above the age group of 51 years.

Regarding gender 27 (90 percentage) clients were male and three (10 percentage) clients were female.

Out of 30 clients 24 (80 percentage) clients were Hindu, three (10 percentage) were Christian and two (6.6 percentage) were Muslim and one (3.4 percentage) was other.

Regarding marital status 18 (60 percentage) clients were married and three (10 percentage) were un married. One (34 percentage) client was divorced and eight (26.6 percentage) clients were widowers.

Regarding educational status of the clients 15 (50 percentage) clients were illiterate, three (10 percentage) of them were in primary level, four (13.4 percentage) were high school, six (20 percentage) clients were in higher secondary level and two (6.6 percentage) clients were educated to the graduate level.

With regard to the occupational status nine (36 percentage) were unemployed, three (10 percentage) were Government Employee, 12 (40 percentage) were Private Employee and six (20 percentage) were doing business.

While analysing the family type of the clients nine (30 percentage) of them were from nuclear family and 18 (60 percentage) clients were from joint family and three (10 percentage) were from extended family.

In case of monthly income up to Rs.3000/- was drawn by 18 (60 percentage) clients, three (10 percentage) had a monthly income of Rs.3001/- Rs.4000/- six (20 percentage) were in the income group of Rs.4001 – Rs.5000 and three (10 percentage) client had a monthly income of above Rs.5000/-

Regarding residential area 18 (60 percentage) clients were from rural area, six (20 percentage) clients were form semi rural, one (3.4 percentage) from urban area and five (16.6 percentage) from semi urban area.

12 (40 percentage) clients had got health information from health professionals, eight (26.6 percentage) clients got health information from friends, nine (30 percentage) clients got health information from relatives and one (3.4 percentage) client got health information from mass media.

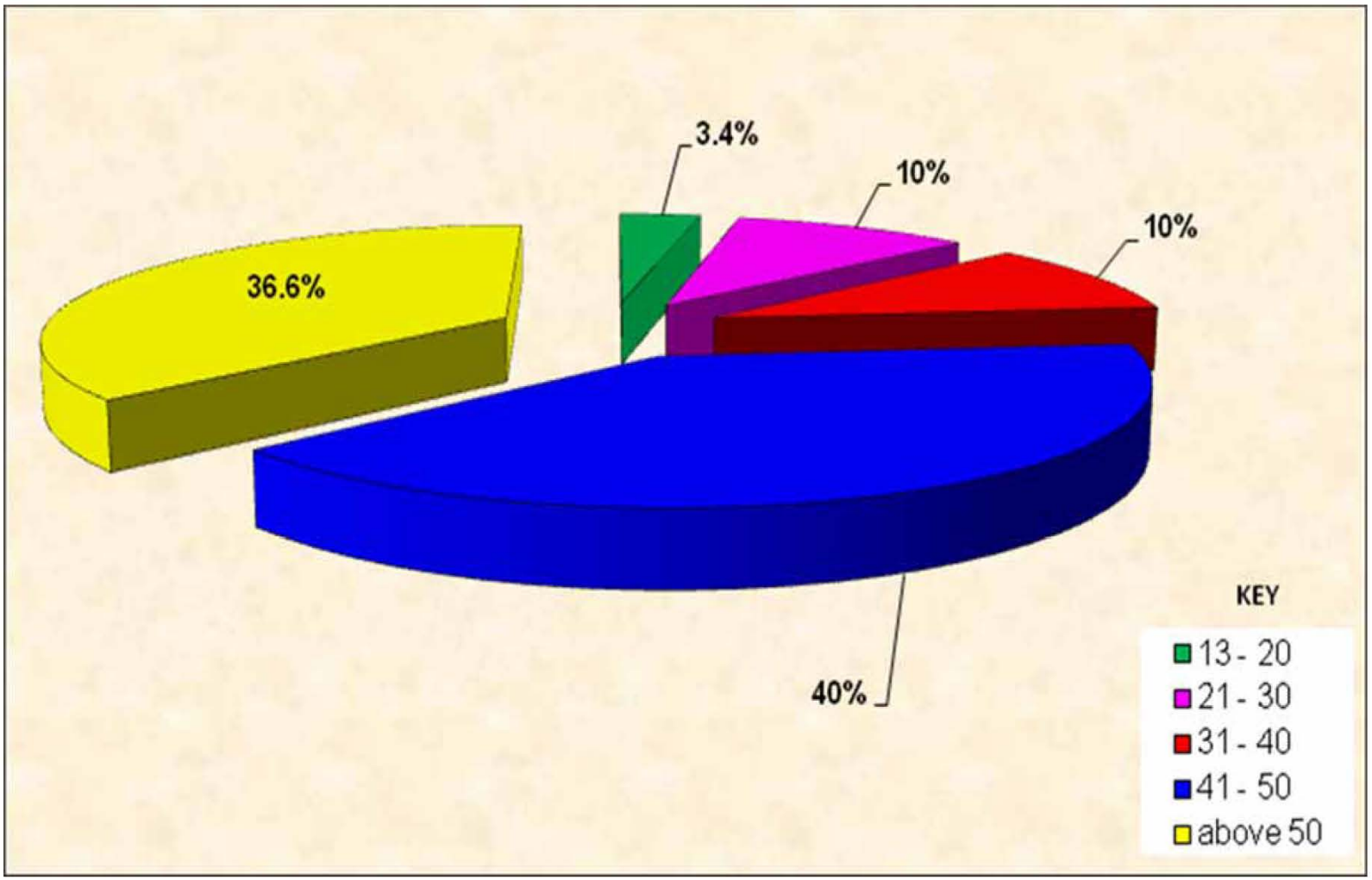


Fig.4.1 PERCENTAGE DISTRIBUTION OF CLIENTS WITH HERNIORRHAPHY BASED ON AGE GROUP IN YEARS

SECTION B

TABLE 4.2

SECTION – B : FREQUENCY AND PERCENTAGE DISTRIBUTION OF HEALTH STATUS OF CLIENTS WITH HERNIORRHAPHY.

N = 30

S. No.	Health Status	Assessment		Evaluation	
		No.	Percentage (%)	No.	Percentage (%)
1.	Poor (below 50%)	27	90%	-	-
2.	Fair (50-75%)	3	10%	5	16.6%
3.	Good (75% and above)	-	-	25	83.4%

Above Table 4.2 shows that at the time of immediate post operative period health status of the clients were assessed, out of 30 clients 27(90 percentage) clients were in poor health status, three (10 percentage) were in fair health status. At the time of discharge the health status of the clients were evaluated, out of 30 clients 25 (83.4 percentage) had attained good health and five (16.6 percentage) were fairly improved.

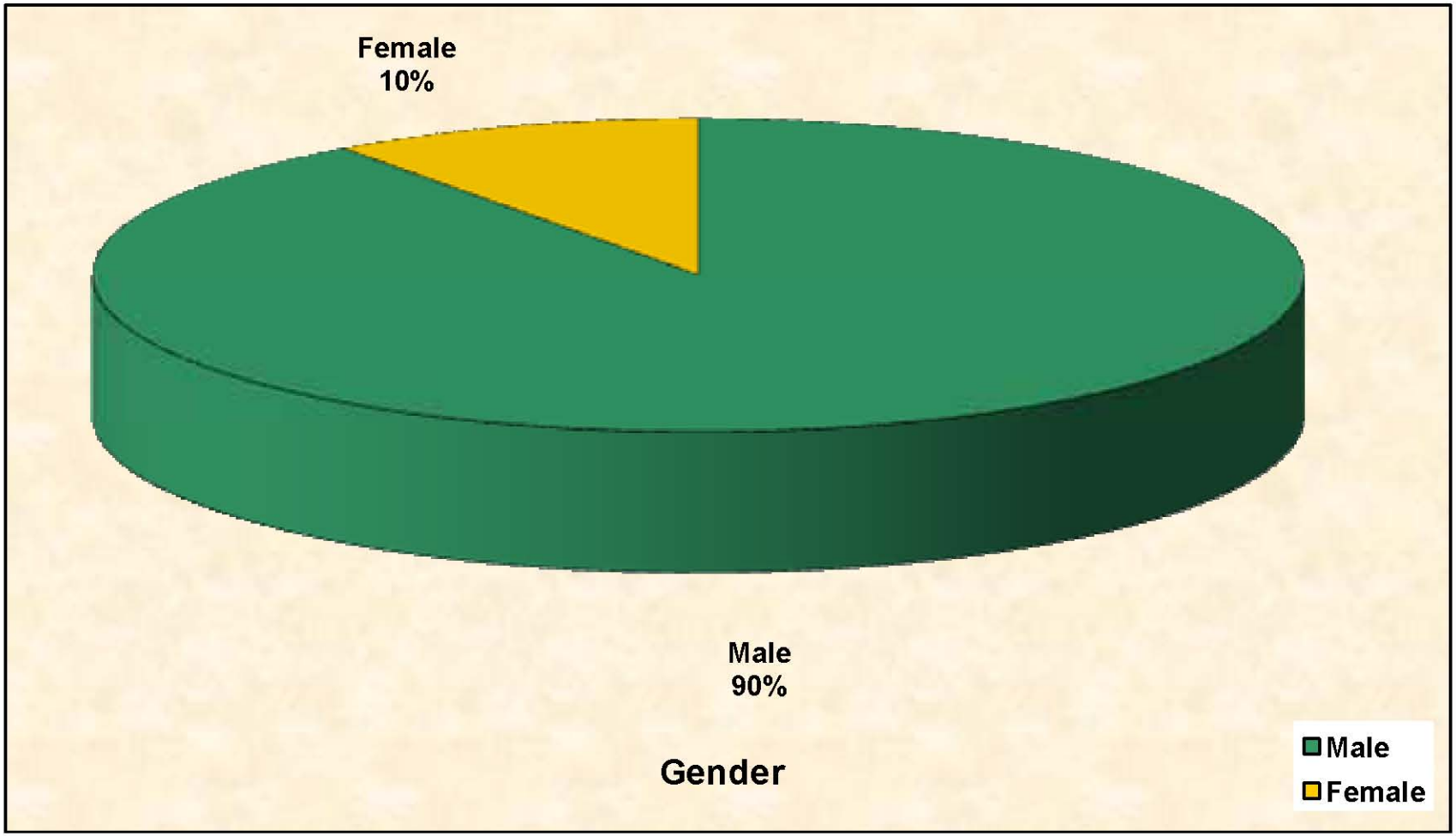


Fig 4.2 PERCENTAGE DISTRIBUTION OF CLIENTS WITH HERNIORRHAPHY BASED ON GENDER

SECTION C

TABLE 4.3

SECTION – C : COMPARISON OF MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION SCORE OF CLIENTS WITH HERNIORRHAPHY.

N = 30

S. No.	Health Status	Mean	S.D.	Confidence Interval
1	Assessment	28.3	1.24	27.8–28.78
2	Evaluation	13.96	3.44	12.7-15.22

Table 4.3 shows assessment mean value 28.3 with standard deviation of 1.24 and evaluation mean 13.96 with the standard deviation of 3.44.

The final conclusion about above table reveals that in the assessment mean score was reduced in evaluation level. Similarly the standard deviation value also reduced in the evaluation score when comparing the assessment level.

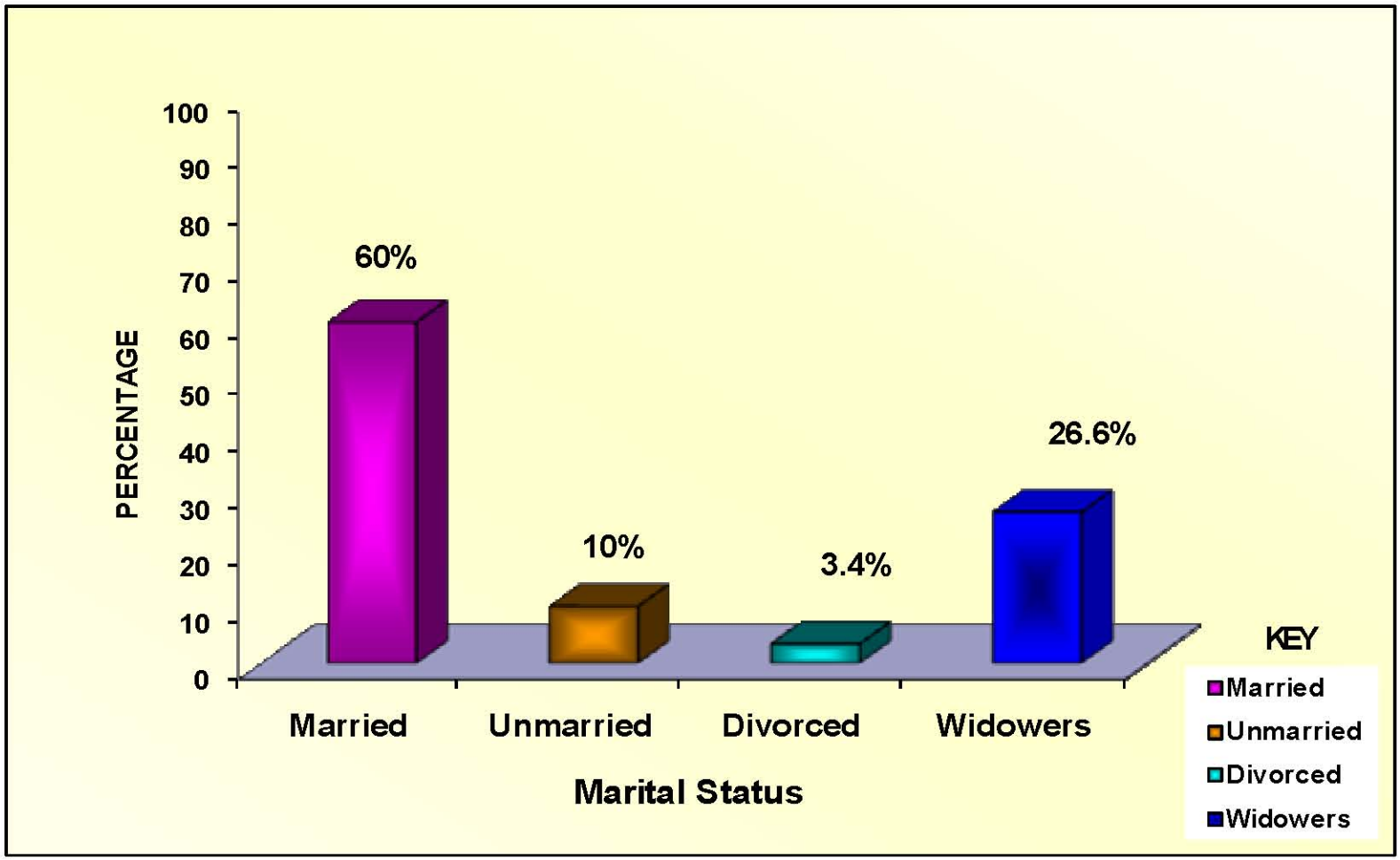


Fig.4.3 PERCENTAGE DISTRIBUTION OF CLIENTS WITH HERNIORRHAPHY BASED ON MARITAL STATUS

TABLE 4.4

Mean and standard deviation of improvement score for clients with herniorrhaphy.

N = 30

S. No.	Health Status	Mean	S.D.	'K' value	's' value
1	Improvement score	13.96	3.44	9.13	4

** p<0. 01 level of significance.

Table 4.4 shows that improvement score mean with value of 13.96 with standard deviation of 3.44 and the 'k' value of 9.13. Since the calculated value is greater than number of negative sign.

It implies that there was statistically highly significant improvement in health status of clients with herniorrhaphy after the post operative nursing care at 0.01 level of significance. Thus the post operative nursing care on client with herniorrhaphy was very effective.

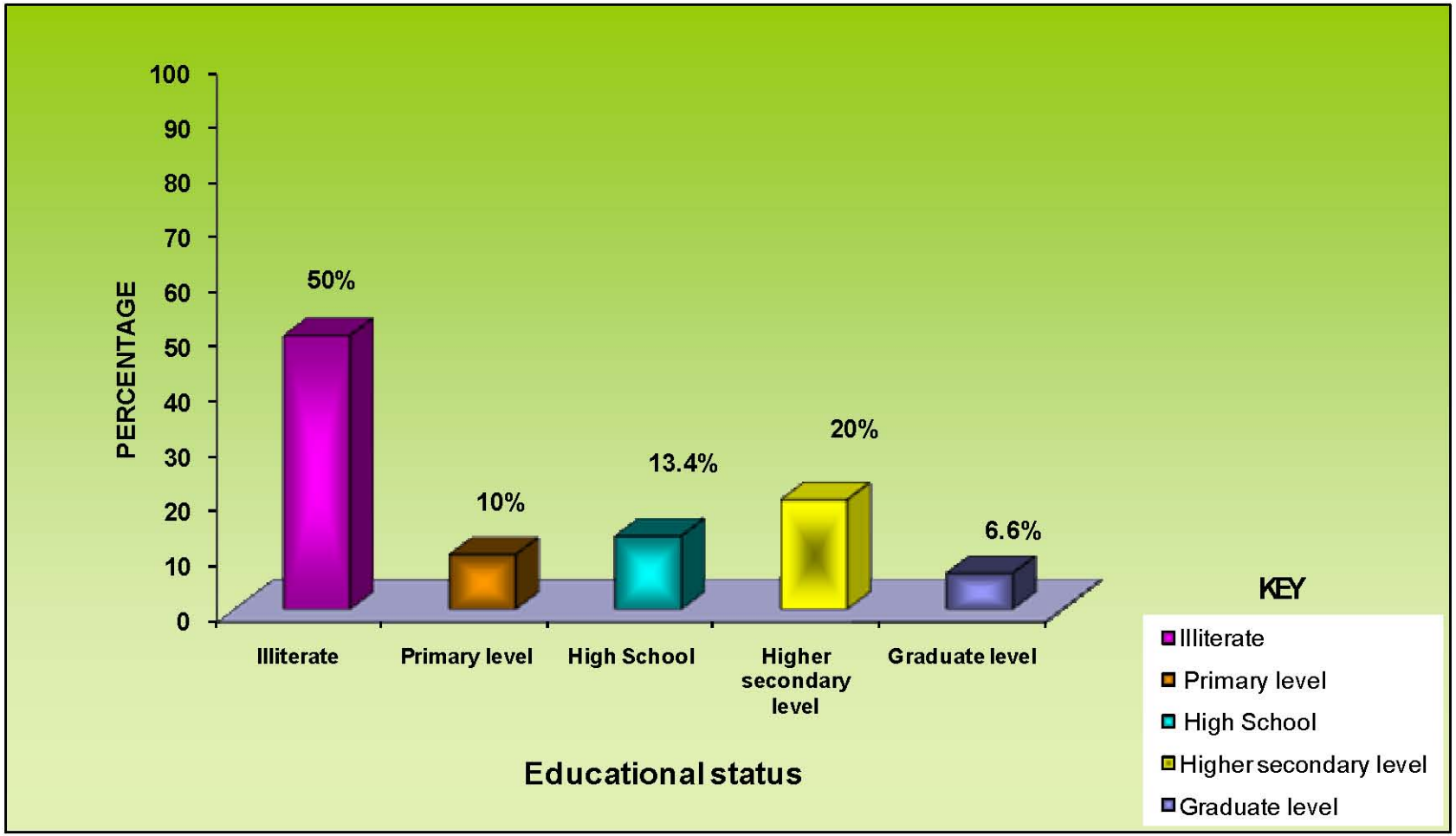


Fig 4.4 PERCENTAGE DISTRIBUTION OF CLIENTS WITH HERNIORRHAPHY BASED ON EDUCATIONAL STAUS

SECTION – D

TABLE 4.5

SECTION - D : CORRELATION BETWEEN THE SELECTED DEMOGRAPHIC VARIABLES WITH THE EFFECTIVENESS OF POST OPERATIVE NURSING CARE WITH ASSESSMENT AND EVALUATION HEALTH STATUS.

S. NO.	Demographic variables	Assessment		Evaluation						r
		<75% Poor		51%-75% Fair		51%-75% Fair		>50% Good		
		No.	%	No.	%	No.	%	No.	%	
1.	**Age in years**									
	a. 13 – 20	1	3.33	-	-	-	-	1	3.33	
	a. 21 – 30	3	10.00	-	-	-	-	3	10.00	
	b. 31 – 40	3	6.67	1	3.33	1	3.33	2	6.67	0.899 **
	c. 41 – 50	12	36.67	1	3.33	3	10.00	9	30.00	
	d. 51 and above	11	33.33	1	3.33	1	3.33	10	33.33	
2.	**Gender**									
	a. Male	27	83.33	2	6.67	4	13.33	23	76.67	0.81 **
	b. Female	3	6.67	1	3.33	1	3.33	2	6.67	
3.	**Religion**									
	a. Hindu	24	70.00	3	10.0	4	13.33	20	66.67	
	b. Muslim	3	10.00	-	-	1	3.33	2	6.67	-0.81
	c. Christian	2	6.67	-	-	-	-	2	6.67	
	d. Others	1	3.33	-	-	-	-	1	3.33	
4.	**Marital Status**									
	a. Married	18	53.33	2	6.67	3	10.00	15	50.00	
	b. Unmarried	3	10.00	-	-	-	-	3	10.00	-0.84
	c. Divorced	1	3.33	-	-	-	-	1	3.33	
	d. Widow/Widower	8	23.33	1	3.33	2	6.67	6	20.00	

5.	**Education Status**									
	a. Illiterate	15	43.33	2	6.67	4	13.33	11	36.67	
	b. Primary School	3	6.67	1	3.33	-	-	3	10	
	c. High school	4	13.33	-	-	-	-	4	13.33	-0.69
	d. Secondary School	6	20.00	-	-	1	3.33	5	16.67	
	e. Graduate	2	6.67	-	-	-	-	2	6.67	
6.	**Occupation**									
	a. Unemployed	9	23.33	2	6.67	1	3.33	8	26.67	
	b. Govt. employee	3	10.00	-	-	-	-	3	10.00	0.60**
	c. Private employee	12	36.67	1	3.33	3	10.00	9	30.00	
	d. Business	6	20.00	-	-	1	3.33	5	16.67	
7.	**Family Type**									
	a. Nuclear	9	26.67	1	3.33	2	6.67	7	23.33	0.39
	b. Joint	18	53.33	2	6.67	3	10.00	15	50.00	
	c. extended	3	10.00	-	-	-	-	3	10.00	
8.	**Family Income per month**									
	a. upto Rs.3000/-	18	53.33	2	6.67	3	10.00	15	50.00	
	b. Rs.3001/- Rs.4000/-	3	10.00	-	-	1	3.33	2	6.67	-0.75
	c. Rs.4001/- Rs.5000/-	6	16.67	1	3.33	1	3.33	5	16.67	
	d. Above Rs.5000/-	3	10.00	-	-	-	-	3	10.00	
9.	**Residential area**									
	a. Rural	18	53.33	2	6.67	3	10.00	15	50.00	-0.77
	b. Urban	6	16.67	1	3.33	2	6.67	4	13.33	
	c. Semi rural	1	3.33	-	-	-	-	1	3.33	
	d. Semi urban	5	16.67	-	-	-	-	5	16.67	
10.	**Health information**									
	a. Health professional	12	36.61	1	3.33	3	10.00	9	30.00	-0.88
	b. Friends	8	23.33	1	3.33	1	3.33	7	23.33	
	c. Relatives	9	26.67	1	3.33	1	3.33	8	26.67	
	d. Mass Media	1	3.33	-	-	-	-	1	3.33	

** Significant p<0. 05 level of significance

Table 4.5 - shows that there was statistically significant correlation between selected demographic variables like age, gender and occupation. There was no statistically significant

correlation between selected demographic variables like religion, family, income, residential area, health information. From the above statistical analysis the effectiveness of post operative nursing care was independent of the demographic variables.

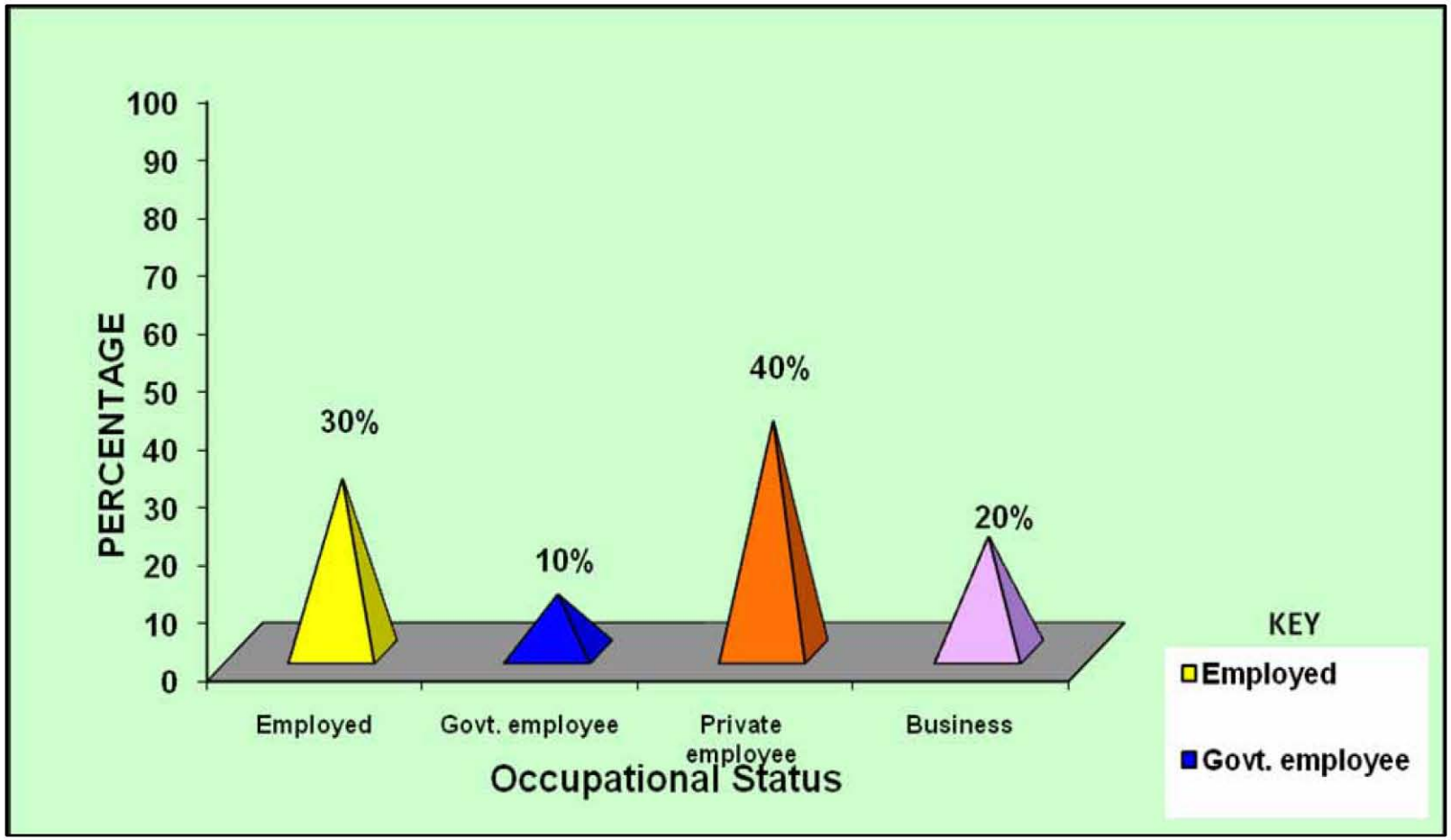


Fig.4.5 PERCENTAGE DISTRIBUTION OF CLIENTS WITH HERNIORRHAPHY BASED ON OCCUPATIONAL STATUS

CHAPTER - V

RESULTS AND DISCUSSION

Even though herniorrhaphy may not be life threatening cause for mortality, it will be a great hindrance and nurture for the normal life and we can hardly able to perform our day to day activities in an uninterrupted manner. Herniorrhaphy needs vigil observation and necessary medication to be provided before the surgery, so the required preoperative nursing care are to be comprehensively provided for the easy access to surgery. The response of the preoperative nursing management as made a tremendous existent outcome, which proved a positive channel for further developments in the health status.

The pilot study was conducted to find out the effectiveness of nursing care on clients with herniorrhaphy in Melmaruvathur Adhiparasakthi institute of Medical Science and Research at Melmaruvathur, Kancheepuram district for a period of two weeks, the standardized tools were prepared by the investigator and used to find out reliability, validity which were evaluated by the experts of the research committee. I used convenient sampling techniques to select three samples by using checklists and Modified Aldrete Rating Scale, the health condition

of the clients with herniorrhaphy was assessed. The nursing care was provided as per tool and health status was evaluated and research were analysed based on the score. Therefore the nursing care was highly effective nursing care on clients with herniorrhaphy.

After the surgery various methods had been adopted for postoperative care which shown a greater outlook and insight in the effectiveness of nursing care. So the present study of herniorraphy has been defined as a blend of pre and post operative professional management and effective nursing care. Immediately after surgery assessment was done by using Modified Aldrete Rating Scale, after that nursing care was given as per nursing process and at the time of discharge the evaluation was done by using Modified Aldrete Rating Scale. The result of the study had been discussed according to the objectives of the study, conceptual frame work and on related literature.

The first objective was to assess the health status of the clients with herniorrhaphy at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research

The study was conducted in post operative ward of Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. Thirty clients with herniorrhaphy who met the inclusion criteria were included in the study. All parameters had been carefully monitored and preoperative nursing care was provided to them effectively. To prepare the clients for surgery and to avoid complications after surgery, each client was assessed with questionnaire for demographic variables, post operative Modified Aldrete Rating Scale, and with observational checklist for vital parameters.

Each client was observed and rated by using Modified Aldrete Rating Scale at the time of discharge. In assessment 27(90 percentage) clients were in poor health status and three (10 percentage) clients were in fair health status with mean 28.3 and standard deviation 1.24.

The Second objective was to evaluate the effectiveness of post operative nursing care on clients with herniorrhaphy at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research.

The nursing care as per the nursing process provided to each client was observed by using Modified Aldrete Rating Scale. Comparison of assessment mean level of 28.3 and evaluation mean 13.96 showed the improvement score, mean was 14.34 with standard deviation of 2.54 and the k value of 9.13. Since the calculated value is greater than number of negative sign.

It implies that there was statistically highly significant improvement in health status of clients with herniorrhaphy after the post operative nursing care at 0.01 level of significance. Thus the post operative nursing care on client with herniorrhaphy was very effective.

The Third objective was to find out the correlation between selected demographic variables and effectiveness of post operative nursing care on clients with herniorrhaphy at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research

The correlation proved that there was no significant relationship between the selected demographic variables (educational status, marital status, family type, family income, residential area and health information) and effectiveness of

nursing care and improvement of health status of clients with herniorrhaphy. Thus the effectiveness of nursing care was independent of the demographic variable.

Rajalakshmi, (2006), in her study concluded that postoperative exercise significantly reduced the risk of developing deep vein thrombosis and other complications.

Selvin Jose, (2001), conducted quasi experimental study on the adequacy of knowledge of preventive care in postoperative herniorrhaphy clients and factors interfering with compliance in prevention of incisional hernia and concluded that there was no knowledge in preventive care.

Clement, L. (2003), conducted a study to assess the effectiveness of structured teaching programme on the knowledge of assessment and management of postoperative pain within 72 hours after surgery in clients undergoing elective herniorrhaphy surgery among registered nurse at selected hospital at Chennai showed that there was no association between demographic variables and effectiveness of structured teaching programme.

CHAPTER – VI

SUMMARY AND CONCLUSION

The present study was conducted to elicit the effectiveness of nursing care on client with herniorrhaphy. Evaluative research design was adopted. A total of 30 clients with herniorrhaphy who met the inclusion criteria were selected from surgical wards in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research by using convenient sampling techniques and other individualised care were provided. The investigator introduced herself to the clients and developed professional therapeutic relationship with them.

Then demographic data about clients were collected with the help of questionnaire and a standardized Modified Aldrete Rating Scale was used to assess the health status. Score was given accordingly. At the time of initial assessment out of thirty clients 27 were in poor health status and three were in fair health status, after that individualized nursing care was given as per nursing process daily and at the day of discharge the client health status were evaluated with the help of modified Aldrete Rating Scale. Out of 30 clients 25 were in good health status, five were

in fair health status. The data were analyzed by using descriptive and inferential statistical analysis.

CONCLUSION

The improvement score mean was 13.96 with the standard deviation of 3.44 and calculated value is less than sign value 9.13 which was highly significant at $p<0.001$ level. The correlation value showed that there was no correlation between demographic variables like religion, marital status, educational status, family type, family income, residential area and effectiveness of nursing care and improvement of health status of clients with herniorrhaphy. Thus the effectiveness of nursing care was independent of the demographic variables.

The overall finding showed that the pre operative and post operative nursing care was very effective in improving health status in terms of clients normal body temperature, improvement in fluid and electrolyte balance nutritional status, wound healing process, free from complications, improving coping abilities of patient and family members. So finally, it was concluded that pre and post operative nursing care was highly effective for clients with herniorrhaphy.

NURSING IMPLICATIONS

Nursing Practice

This study will provide insight among the nurses to detect certain problems through careful assessment which will guide them to detect life support measures appropriately to prevent further complications and in order to save the life of client with herniorrhaphy at a given moment. The nursing process can apply the knowledge while rendering care to clients with herniorrhaphy and the nursing process also provides a standard of care for clinical guideline which can still be individualized for a special client depending on how an institution recommends nursing process implementation.

The study implies that the nurse helps the clients to regain health through healing process. Psychological aspects of care also important for clients after herniorrhaphy. It implies the need for change that has to be introduced by the nursing professionals.

Nursing education

Interpretation of theory and practice is a vital need and it is important to nursing education. This study will emphasize among learners to develop observational skills and develop systemic

assessment which help them to detect the problem and motivate them to render care to clients with herniorrhaphy in surgical ward.

Nurses who are working in surgical unit are expected to have thorough knowledge in management of clients with herniorrhaphy. Nursing students have to assess the problems of clients with herniorrhaphy and to provide effective experience based care.

Nursing educators plan to instruct the students that the students should be provide adequate opportunities to develop skills in handling the clients with herniorrhaphy and should demonstrate how to tackle such clients in clinical settings.

The study findings suggested that the content of subject should include the view of clients with herniorrhaphy and its management and prevention of complication.

Nursing administration

The nursing administrator should manage the client care and the delivery of specific nursing services within the health care agency. The nursing leaders in nursing care come forwarded to undertake health needs of the most vulnerable effective organization and management. The nursing administrator should

take active part in health policy making, developing protocol, procedures and standing orders related to clients education.

The nursing administration should give attention on the proper selection, placement and effective utilization of the nurse in all areas within the available resources giving importance to their creativity, interest, ability in education of nurse to provide care to the clients.

The nursing administrators on educative role of the nurses, should have adequate supervision of nursing services and provide adequate in-service education programme on newer management strategies in herniorrhaphy and handling of advanced technologies should motivate nurses to carry out nursing interventions and improve the standard of nursing care.

Nursing research

Nursing today is involved every issues due to changes in health care delivery system, advancement of technology, development of new discipline in medicine. Nursing need to be developed to study in specific areas of problem encountered by the clients with herniorrhaphy. This study directs the nursing personnel to broaden their horizons, knowledge and skills to elicit

problems and to conduct many more research to raise their power to implement prompt care activities.

This study will imply the nurse educator to conduct and motivate learner to select relevant study with all dissemination namely physical, emotional, mental, social and spiritual changes encountered by clients with herniorrhaphy. Utilization of findings and deviation of knowledge which help to detect ongoing assessment, care and technology that made in health care delivery system. By conducting much research, disseminating knowledge will be given a vision for growing in nursing discipline.

RECOMMENDATIONS FOR FURTHER STUDY

The highlight of the findings the following recommendations are put forth,

1. A study can be undertaken to evaluate the knowledge after a planned teaching programme.
2. A comparative study may be conducted to find out the similarities and difference between knowledge, attitude, and practices of nurses.
3. The similar study can be conducted in a large group of samples.

4. A comparative study can also be done between rural urban clients with herniorrhaphy.
5. A co-operative study can be done on different age group and between male and female.

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APPENDIX - I
PART - 1

DEMOGRAPHIC DATA

1. Age in years

a) 13 - 20 ☐

b) 21 - 30 ☐

c) 31 - 40 ☐

d) 41 – 50 ☐

e) above 51 ☐

2. Sex

a) Male ☐

b) Female ☐

3. Religion

a) Hindu ☐

b) Christian ☐

c) Muslim ☐

d) Others ☐

4. Marital status

a) Married ☐

b) Unmarried ☐

c) Divorced ☐

d) Widow / Widower ☐

5. Educational status

a) Illiterate ☐

b) Primary School ☐

c) High School ☐

d) Secondary School ☐

d) Graduate and above ☐

6. Occupational status

a) Unemployee ☐

b) Government employee ☐

c) Private employee ☐

d) Business ☐

7. Family type

a) Nuclear family ☐

b) Joint family ☐

c) Extended family ☐

8. Family income per month

a) Upto Rs.3000 ☐

b) Rs.3001 to Rs.4000 ☐

c) Rs.4001 to Rs.5000 ☐

d) Rs.5001 and above ☐

9. Residential area

a) Rural ☐

b) Urban ☐

c) Semi Rural ☐

d) Semi Urban ☐

10. Source of information

a) Health personnel ☐

b) Friends ☐

c) Relatives ☐

d) Mass media ☐

APPENDIX - II

OBSERVATION CHECK LIST ON NURSING INTERVENTION ON CLIENTS WITH HERNIA

S. NO	NURSING INTERVENTION
1	Monitor vital parameters
2	Provide comfort measures
3	Thermoregulation
4	Preoperative medication
5	Preoperative exercise
6	Maintenance of Nutrition
7	Check bladder pattern
8	Check bowel sounds
9.	Maintenance of Input and output chart
10.	Preoperative physical preparation
11.	Consent
12.	Preoperative health education

APPENDIX –III

PART - III

OBSERVATION CHECK LIST ON NURSING

INTERVENTION ON CLIENTS WITH HERNIORRHAPHY

S. No.	Nursing Intervention	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Dis-charge Day
1.	Monitor Vital signs								
2.	Monitor O_2 saturation								
3.	Thermoregulation								
4.	Pain relieving measures								
5.	Provide comfort measures								
6.	Maintenance of hydration								
7.	Maintenance of nutrition								
8.	Wound dressing								
9.	Position changing								
10.	Maintain intake and output chart								
11.	Wound drainage and assessment and care								
12.	Early ambulation								
13.	Post operative exercises								

APPENDIX –IV

PART - IV

MODIFIED ALDRETE POST OPERATIVE ASSESSMENT SCALE ON CLIENTS WITH HERNIORRHAPHY

	Task	Score	No. of Post Operative Days							
			1	2	3	4	5	6	7	Dis charge
Respiration (a)	Able to breath deeply and cough freely	1								
(b)	Dyspnea or limited breathing	2								
(c)	Apneac	3								
Circulation (a)	BP±20% of pre anaesthetic level	1								
(b)	BP±20% - 49% of pre anaesthetic level	2								
(c)	BP±50 Preanaesthetic level	3								
Consciousness (a)	Fully awake	1								
(b)	Arousable on calling	2								
(c)	No responding	3								
Activity (a)	Able to move upper and lower extremities voluntarily or on command.	1								
(b)	Able to move lower extremities voluntarily or on command.	2								
(c)	Unable to move both extremities voluntarily or on command.	3								

	Task	Score	No. of Post Operative Days							
			1	2	3	4	5	6	7	Dis charge
Oxygen saturation										
(a)	Able to maintain O_2 saturation 92% on room air	1								
(b)	Need O_2 inhalation to maintain O_2 saturate on 90%	2								
(c)	Need to maintain O_2 saturation	3								
Dressing (a)	Dry and clean	1								
(b)	Wet but marked and not increasing	2								
(c)	Growing area of wetness	3								
Pain (a)	Pain free	1								
(b)	Mild to moderate pain	2								
(c)	Severe pain	3								
Ambulation (a)	Able to standup and walk straight	1								
(b)	Vertigo when erect Dizziness when supine	2								
(c)	Dizziness when supine	3								
Testing to feeding (a)	Able to take food	1								
(b)	Able to drink fluids	2								
(c)	Nausea and vomiting	3								
Urine output (a)	Normal voiding voided by catheter	1								
(b)	Unable to void	2								
(c)	Uncomfortable	3								
Hydration (a)	Hydration	1								
(b)	Mild to moderate dehydration.	2								
(c)	Severe dehydration	3								

APPENDIX - V

NURSING CARE PROTOCOL FOR CLIENTS WITH HERNIORRHAPHY

S. No.	NURSING INTERVENTION	RATIONALE
1.	**Adequate ventilation**	
	➢ Monitor rate, rhythm, depth and effort of respiration.	It helps to provide base line data for further intervention
	➢ Provide comfortable position.	It initiates comfort and easy breathing
	➢ Monitor pulse oximetry to assess oxygen status	It helps to assess the oxygen saturation
	➢ Administer 4 lit. of oxygen as per doctors order	It improves the respiratory status of the patient.
	➢ Provide steam inhalation	It dilutes the sticky secretions.
	➢ Auscultate breath sound	It helps to identify the present status of the respiration.
	➢ Explain and demonstrate breathing and coughing exercises	It minimize the secretion and facilitate breathing.
2.	**Pain relieving measures**	
	➢ Assess the location characteristics, onset, duration, frequency, quality, severity and precipitating factor of pain	It provides baseline data for further nursing intervention.
	➢ Provide prescribed analgesics	It relives pain
	➢ Provide comfortable position with comfort devices.	It eases comfort and rest.

	➢ Teach the use of non pharmacological techniques e.g. relaxation technique, music therapy	It helps to distract and reduce pain feeling
	➢ Check the incisional area for wound adhesion, any oozing	It helps to identify the complication
	➢ Provide psychological support	It relieves the pain
3.	**Promote rest and comfort**	
	➢ Provide comfortable position as per the patient condition.	It facilitates comfort for the patient.
	➢ Provide fowlers position	It eases respiration.
	➢ Change the position for every 2nd Hour	It reduces the pressure over the bony areas.
4.	**Thermoregulation**	
	➢ Check the vital signs at intervals (2nd hourly)	It helps to identify the present status of the patient.
	➢ Provide cold sponge if patient having temperature	It reduces the temperature.
	➢ Provide blanket if client having shivering	It provides warmth
5.	**Maintenance of hydration**	
	➢ Assess pulse blood pressure, temperature for every 2nd hourly.	It helps to know the functions of vital organs.
	➢ Make intravenous fluid plan accurately as per doctors order	It helps to determine hydration status.
	➢ Number of hours for each pint Drops per minute, drugs to added	It is essential to plan the care.
	➢ Monitor lab parameters like haemoglobin, blood sugar, electrolytes.	It helps to determine the fluid status.

	➢ Maintain intake and output chart properly	It helps to plan fluid therapy
	➢ Assess the signs and symptoms of hypovolemia	It helps for further intervention.
6.	**Wound Management**	
	➢ Inspect the incision site for redness, swelling or signs of dehiscence, eviscerations	It helps to detect the incision site infection.
	➢ Clear the surgical wound under strict aseptic technique	It reduces local pathogenic infection.
	➢ Clear the area around the drain.	It prevents contamination of the area.
	➢ Change the dressing at appropriate intervals.	It helps to prevent microbial colonization.
7.	**Nutritional Management**	
	➢ Assess the nutritional status of the client	It helps to plan further nursing intervention.
	➢ Keep nil per oral till ordered	Oral diet can be started after hearing the bowel sound
	➢ Auscultate bowel sound.	It helps to identify the gastro intestinal function.
	➢ Plan menu according to the likes and dislikes of the patient.	It improves the client nutritional status.
	➢ Provide diet rich in protein.	It facilitates wound healing.
	➢ Provide small and frequent diet.	It improves the client desire to eat.
	➢ Provide IV fluid as per doctors order.	It maintains the fluid and electrolyte status.

8	**Maintenance of Input and output chart** Check and document the total amount fluid given Monitor total urine output, vomiting , drainage	 It helps to know the fluid and electrolyte balance It helps to know the hydration status.
9.	**Post Operative Exercises** ➢ Explain and demonstrate breathing and coughing exercises ➢ Demonstrate and advise to practice incentive spirometry. ➢ Demonstrate and advise to perform leg exercises daily.	 It minimizes the secretion and facilitate breathing. It improves respiratory status. Prevents complications like deep vein thrombosis.
10.	**Early ambulation** ➢ Assist the patient to turn and sit. ➢ Raise the head and of the bed to 40 to 60 ➢ Assist patient by support back and shoulder ➢ Bring the patient to the edge of the bed ➢ Allow feet to rest on the foot stool. ➢ Assist and help the patient to stand and for limited walking.	 It promotes self care activities. It helps to prevent post operative complication.

APPENDIX - VI

PREOPERATIVE NURSING DIAGNOSIS

1. Acute pain related to presence of hernia as evidenced by verbal and non verbal facial grimacing.
2. Imbalanced nutrition less than body requirement related to nausea and vomiting as evidenced by general weakness.
3. Knowledge deficit related to surgery and follow up care
4. Sleep pattern disturbances related to presence of pain secondary to herniation as evidenced by darkness around the eyes, look tiredly and fatigue .
5. Fear and anxiety related to diagnosis and treatment about disease condition.

PRE OPERATIVE NURSING CARE

S. No	Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
1.	**Subjective Data :** Client said "I am having severe pain and discomfort" **Objective Data :** Tensed and guarded body posture Facial grimace of pain Restlessness Irritability Moaning	Acute pain related to presence of hernia as evidenced by verbal and non verbal facial grimacing.	Client's pain will minimized and report satisfaction with pain relief.	Assess the location characteristics, onset, duration, frequency, quality, severity and precipitating factor of pain Provide comfortable position with comfort devices. Teach the use of non pharmacological techniques e.g. relaxation technique, music therapy Provide prescribed analgesics Provide psychological support	Patient had pain in the surgical incision area. Supine position with head slightly elevated provided. Advised and taught relaxation and music therapy Inj. Tramadol 1 amp. I.V. given as per doctor's order. psychological support given	It provides baseline data for further nursing intervention. It eases comfort and rest. It distract and reduce pain feeling It relives pain It relieve the pain	Client reported satisfaction with pain relief.

S. No	Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
2.	**Subjective Data :** Client said "Nausea, vomiting, loss of appetite". **Objective Data :** Reduced body weight, Dull look Fatigue	Nutrition imbalance less than body requirement related to nausea and vomiting as evidenced by weakness.	Client's nutritional status will improve.	Assess the nutritional status of the client Auscultate bowel sound. Plan menu according to the likes and dislikes of the patient. Provide diet rich in protein. Provide small and frequent diet. Provide IV fluid as per doctor's order.	Assessed by checking the body weights Bowel sound auscultated Diet was planed according to the likes and dislikes of the patient. Diet rich in protein given Provided small and frequent diet. Provided IV fluid as per doctor's order.	It helps to plan further nursing intervention. It helps to identify the gastro intestinal function. It improves the client nutritional status. It facilitates wound healing. It improves the client desire to eat. It maintains the fluid and electrolyte status.	The client nutritional status was improved.

S. No.	Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
3.	**Subjective Data :** Client asked “What type of surgery and what improvement will I get?”. **Objective Data :** The patient express queries about surgery and follow up care.	Knowledge deficit related to surgery and follow-up care.	The patient will acquire knowledge about surgery.	Assess the level of knowledge regarding herniorrhaphy surgery. Explain about importance of surgery and follow up care Demonstrate pre-operative leg exercise. Instruct about de-breathing and coughing exercise. Instruct about regular follow up care.	Assessed the client’s level of knowledge Explained in detail about surgery Demonstrated pre-operative leg exercise. Instructed about de-breathing and coughing exercise Instructed about regular follow up care.	It helps to plan appropriate nursing intervention It promotes successful resolution for fear and establish effective coping mechanism It promotes muscle strength. It minimizes the secretion and facilitates breathing. Promotes recovery process.	Patient acquired knowledge about surgery.

POST OPERATIVE NURSING DIAGNOSIS

1. Ineffective airway clearance related to increased secretions as evidenced by abnormal breath sound .
2. Pain related to surgical incision as evidenced by verbal and non verbal facial grimacing.
3. Imbalanced nutrition less than body requirement related to nausea and vomiting as evidenced by weakness.
4. Impaired bladder pattern, oliguria related to surgery and decreased fluid intake as evidenced by urine output 0.5ml/kg/bodyweight.
5. Impaired bowel elimination, constipation related to immobility.
6. Self care deficit related to fatigue, weakness and pain as evidenced by poor compliance.
7. Anxiety related to wound healing process and recovery as evidenced by verbal reports and facial grimace.
8. Knowledge deficit related to home care management as evidenced by verbalizing queries about wound care.
9. Risk for infection related to surgical wound incision.
10. Risk for altered body temperature, hyperthermia related to infection.

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POST OPERATIVE NURSING CARE

S. No	Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
1.	**Subjective Data :** Client said “I am having breathing difficulty and cough”. **Objective Data :** Dyspnoea Shallow chest excursion Low oxygen saturation, cough with sputum	Ineffective airway clearance related to increased secretions as evidenced by abnormal breath sound .	Client’s airway pattern will improve.	Monitor rate, rhythm, depth and effort of respiration. Provide comfortable position. Monitor pulse oximetry to assess oxygen status Administer 4 lit. of oxygen as per doctors order Provide steam inhalation Auscultate breath sound Explain and demonstrate breathing and coughing exercises	Rate is 32per minute, shallow chest excursion present. Fowlers position given oxygen saturation is 87% Administered 4 lit. of oxygen as per doctors order steam inhalation given Auscultated crackles sound heard Explained and demonstrated breathing and coughing exercises	It provides base line data for further intervention It initiates comfort and easy breathing It helps to assess the oxygen status It improves the respiratory status of the client. It dilutes the sticky secretions. It helps to identify the present status of the respiration. It minimizes the secretion and facilitates breathing.	Client airway was improved.

S. No	Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
2.	**Subjective Data :** Client said "I am having severe pain and discomfort" **Objective Data :** Tensed and guarded body posture Facial grimace of pain Restlessness Irritability Moaning	Pain related to surgical incision as evidenced by verbal and non verbal facial grimacing.	Client's pain will minimized and report satisfaction with pain relief.	Assess the location characteristics, onset, duration, frequency, quality, severity and precipitating factor of pain Provide prescribed analgesics Provide comfortable position with comfort devices. Teach the use of non pharmacological techniques e.g. relaxation technique, music therapy Check the incision area for wound adhesion, any oozing Provide psychological support	Client had pain in the surgical incision area. Inj. Tramadol 1 amp. I.V. given as per doctor's order. Supine position with head slightly elevated provided. Advised and taught relaxation and music therapy Wound was under good healing process. psychological support given	It provides baseline data for further nursing intervention. It relives pain It eases comfort and rest. It distract and reduce pain feeling It helps to identify the complication It relieve the pain	Client reported satisfaction with pain relief.

S. No	Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
3.	**Subjective Data :** Client said “loss of appetite”. **Objective Data :** Reduced the body weight, Dull look Fatigue	Imbalanced nutrition less than body requirement related to nausea and vomiting as evidenced by weakness.	Client’s nutritional status will improve.	Assess the nutritional status of the client Keep nil per oral till ordered Auscultate bowel sound. Plan menu according to the likes and dislikes of the client. Provide diet rich in protein. Provide small and frequent diet. Provide IV fluid as per doctor’s order.	Assessed by checking the body weights Kept the client nil oral till ordered. Bowel sound auscultated Diet was planed according to the likes and dislikes of the client. Diet rich in protein given Provided small and frequent diet. Provided IV fluid as per doctor’s order.	It helps to plan further nursing intervention. Oral diet can be started after hearing the bowel sound It helps to identify the gastro intestinal function. It improves the client nutritional status. It facilitates wound healing. It improves the client desire to eat. It maintains the fluid and electrolyte status.	The client nutritional status was improved.

S. No	Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
4.	**Subjective Data :** The client said I had full bladder and abdominal discomfort **Objective Data :** The Urine output is less than 0.5 ml/kg/bodyweight/ hour	Imbalanced urinary elimination, oliguria related to surgery and decreased fluid intake as evidenced by decrease urine output of 0.5ml/ kg/bodyweight.	Client's urinary pattern will maintain at optimum level.	Monitor the characteristics of urine Maintain strict intake and output chart Administer 2500 ml /day as per doctors order. Provide comfort measures for voiding. Provide catheter care. Check pedal edema.	Monitored the characteristics of urine Maintained strict intake and output chart Administered 2500 ml /day as per doctors order. Provided comfort measures for voiding. Provided catheter care. Checked pedal edema.	It promotes baseline for further plan. It helps to plan fluid therapy. It helps to promote urinary output. These methods stimulate voiding. It prevents urinary tract infection. It prevents complication.	The client maintained normal urinary elimination.

S. No.	Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
5.	**Subjective Data :** The client said he had “not passed motion for two days, abdominal discomfort”. **Objective Data :** Client had sluggish bowel sound.	Imbalanced bowel elimination, constipation related to immobility.	The client will relieve from constipation.	Encourage high fluids 2500 ml/day. Provide high fiber diet Assist the client for early ambulation. Provide privacy and adequate time for defecation. Administer stool softner as prescribed. Advise active and passive exercise.	Encouraged high fluids 2500 ml/day. Provided high fiber diet Assisted the client for early ambulation. Provided privacy and adequate time for defecation. Administered stool softner as prescribed. Advised active and passive exercise.	Fluid helps to liquefies the stool. Fiber diet increases the peristalsis. It improves bowel activity. Privacy promotes comfort. It softens hard stool. Exercise promotes bowel activity.	Client attained normal bowel elimination.

S. No	Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
6.	**Subjective Data :** The client said “I am having itchness and irritation around the incision site”. **Objective Data :** The wound looks red, tender and felt warmth around the wound.	Self care deficit related to fatigue, weakness and pain as evidenced by poor compliance.	The client will maintain self care activities.	Provide all hygienic care to the client. Assess the client in all activities. Encourage active exercise Provide high nutritive diet as prescribed. Encourage to resume daily activities gradually.	Provided all hygienic care to the client. Assessed the client in all activities. Encouraged active exercise Provided high nutritive diet as prescribed. Encouraged to resume daily activities gradually.	It promotes sense of well being. It improves client cooperation in all activities. Active exercise improves health status. It promotes needed energy for activities. It reduces physical exertion.	Client satisfied with self care activity measurement.

S. No.	Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
7.	**Subjective Data :** Client said “I am afraid about my health condition” **Objective Data :** Look anxious Tensed, asked many questions regarding health.	Anxiety related to wound healing process and recovery as evidenced by verbal reports and facial grimace.	The client will relieve from anxiety and fear.	Assess the level of anxiety Encourage client to talk about his /her feelings. Provide opportunity for relatives to discuss situation and to learn about disease condition. Provide psychological support Clear the doubts regarding health condition.	Assessed the anxiety level of the client. Encouraged the client to talk about the feelings. Opportunity was given. Provided Psychological support. Cleared the doubts.	It helps to plan appropriate nursing intervention. It promotes successful resolution for fear and establishes effective coping mechanism. It reduces the anxiety. It relieves the fear and anxiety. It relieves the fear and anxiety.	Client anxiety level was reduced.

APPENDIX - VI

CASE ANALYSIS

Sample No. : 1

Gender : Male

Age : 39 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 15/33 (43%) by standardised tool. Vital parameters checked 2^{nd} hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2^{nd} hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3^{rd} postoperative day. Intake and output chart maintained daily. On the 4^{th} postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 29/33 (81%). So the client health status was improved.

Sample No. : 2

Gender : Female

Age : 62 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 12/33 (36.3%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Client had urinary catheter and wound drain for 6 days. Position changed 2nd hourly, IV fluids administered five to seventh post operative day. Intake and output chart maintained daily. On the 7th postoperative day oral fluids started after auscultation of bowel sound and gag reflex. Wound dressing changed daily, medication were administered as ordered. On 8th postoperative day Diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Encouraged deep breathing and leg exercises, early ambulation done. At the day of discharge her health status was evaluated and scored 27/33 (81.8%). Therefore client health status was improved.

Sample No. : 3

Gender : Female

Age : 43 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 16/33 (48.4%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Client had urinary catheter and wound drain for 6 days. Position changed 2nd hourly, IV fluids administered five to seventh post operative day. Intake and output chart maintained daily. On the 7th postoperative day oral fluids started after auscultation of bowel sound and gag reflex. Wound dressing changed daily, medication were administered as ordered. On 8th postoperative day Diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Encouraged deep breathing and leg exercises, early ambulation done. At the day of discharge her health status was evaluated and scored 31/33(93.9%). Therefore client health status was improved.

Sample No. : 4

Gender : Female

Age : 67 years

Type of Surgery : Herniorrhaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 15/33 (43%) by standardised tool. Vital parameters checked 2^{nd} hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2^{nd} hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3^{rd} postoperative day. Intake and output chart maintained daily. On the 4^{th} postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 29/33 (87.87%). So the client health status was improved.

Sample No. : 5

Gender : Female

Age : 47 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 14/33 (42.42%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 28/33 (84.85%). So the client health status was improved.

Sample No. : 6

Gender : Female

Age : 60 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 15/33 (43%) by standardised tool. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids were administered for 3 days. Oral fluids started on 3rd postoperative day after auscultation of bowel sound and gag reflex. Client had catheter and wound drain for three days and removed on 4th postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 30/33 (90.9%). So the client health status was improved.

Sample No. : 7

Gender : Female

Age : 48 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 13/33 (39.4%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 21/33 (63.63%). So the client health status was moderately improved.

Sample No. : 8

Gender : Male

Age : 29 years

Type of Surgery : Herniorrhaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 16/33 (48.48%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 31/33 (93.9%). So the client health status was improved.

Sample No. : 9

Gender : Female

Age : 62 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 14/33 (42.4%) by standardised tool. Position changed 2nd hourly, IV fluids were administered for 3 days. Oral fluids started on 3rd postoperative day after auscultation of bowel sound and gag reflex. Client had catheter and wound drain for three days and removed on 4th postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 30/33 (90.9%). So the client health status was improved.

Sample No. : 10

Gender : Male

Age : 48 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 11/33 (33.33%) by standardised tool. Position changed 2nd hourly, IV fluids were administered for 3 days. Oral fluids started on 3rd postoperative day after auscultation of bowel sound and gag reflex. Client had catheter and wound drain for three days and removed on 4th postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 20/33 (60.6%). So the client health status was moderately improved.

Sample No. : 11

Gender : Female

Age : 26 years

Type of Surgery : Herniorrhaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 11/33 (33.33%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 21/33 (63.6%). So the client health status was moderately improved.

Sample No. : 12

Gender : Male

Age : 64 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 15/33 (45.45%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 29/33 (87.87%). So the client health status was improved.

Sample No. : 13

Gender : Male

Age : 43 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 15/33 (45.45%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 28/33 (84.85%). So the client health status was improved.

Sample No. : 14

Gender : Male

Age : 24 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 14/33 (42.4%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 29/33 (87.87%). So the client health status was improved.

Sample No. : 15

Gender : Male

Age : 57 years

Type of Surgery : Herniorrhaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 14/33 (42.4%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 28/33 (84.8%). So the client health status was improved.

Sample No. : 16

Gender : Female

Age : 36 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 14/33 (42.4%) by standardised tool. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids were administered for 3 days. Oral fluids started on 3rd postoperative day after auscultation of bowel sound and gag reflex. Client had catheter and wound drain for three days and removed on 4th postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 30/33 (90.9%). So the client health status was improved.

Sample No. : 17

Gender : Male

Age : 45 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 13/33 (39.4%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 29/33 (87.8%). So the client health status was improved.

Sample No. : 18

Gender : Female

Age : 19 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 16/33 (48.5%) by standardised tool. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids were administered for 3 days. Oral fluids started on 3rd postoperative day after auscultation of bowel sound and gag reflex. Client had catheter and wound drain for three days and removed on 4th postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 30/33 (90.9%). So the client health status was improved.

Sample No. : 19

Gender : Male

Age : 65 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 15/33 (45.4%) by standardised tool. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids were administered for 3 days. Oral fluids started on 3rd postoperative day after auscultation of bowel sound and gag reflex. Client had catheter and wound drain for three days and removed on 4th postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 27/33 (81.8%). So the client health status was improved.

Sample No. : 20

Gender : Female

Age : 49 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 11/33 (33.33%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 20/33 (60.6%). So the client health status was moderately improved.

Sample No. : 21

Gender : Male

Age : 59 years

Type of Surgery : Herniorrhaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 11/33 (33.3%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 20/33 (63.6%). So the client health status was moderately improved.

Sample No. : 22

Gender : Female

Age : 57 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 14/33 (42.4%) by standardised tool. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids were administered for 3 days. Oral fluids started on 3rd postoperative day after auscultation of bowel sound and gag reflex. Client had catheter and wound drain for three days and removed on 4th postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 28/33 (84.8%). So the client health status was improved.

Sample No. : 23

Gender : Male

Age : 49 years

Type of Surgery : Herniorrhaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 13/33 (39.4%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 30/33 (90.9%). So the client health status was improved.

Sample No. : 24

Gender : Female

Age : 44 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 12/33 (36.4%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 29/33 (87.8%). So the client health status was improved.

Sample No. : 25

Gender : Female

Age : 57 years

Type of Surgery : Herniorrhaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 11/33 (33.3%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 25/33 (75.8%). So the client health status was improved.

Sample No. : 26

Gender : Male

Age : 58 years

Type of Surgery : Herniorrhaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 13/33 (39.3%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 30/33 (90.9%). So the client health status was improved.

Sample No. : 27

Gender : Female

Age : 48 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 14/33 (42.4%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. She scored 29/33 (87.87%). So the client health status was improved.

Sample No. : 28

Gender : Male

Age : 35 years

Type of Surgery : Herniorrahaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 12/33 (36.4%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 27/33 (81.8%). So the client health status was improved.

Sample No. : 29

Gender : Male

Age : 48 years

Type of Surgery : Herniorrhaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 13/33 (39.3%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 29/33 (87.9%). So the client health status was improved.

Sample No. : 30

Gender : Male

Age : 42 years

Type of Surgery : Herniorrhaphy

Nursing intervention :

Client came with the complaints of abdominal pain, nausea, vomiting and he was diagnosed as hernia and admitted for herniorrhaphy. Pre-operative nursing care was provided. During post-operative period vital signs, oxygen saturation was monitored. He was assessed 12/33 (36.4%) by standardised tool. Vital parameters checked 2nd hourly. Oxygen administration given through face mask at 4 lit. per minute on first operative day. Position changed 2nd hourly, IV fluids given for first, second and third postoperative day. Oral fluids started after auscultation of bowel sound on 3rd postoperative day. Intake and output chart maintained daily. On the 4th postoperative day onwards diet was planned as prescribed viz clear fluids, liquid diets, soft bland diet was given as tolerated. Wound dressing changed daily, medication were administered as ordered. Encouraged deep breathing and leg exercises, early ambulation done. He scored 30/33 (90.9%). So the client health status was improved.

THIS SCHOLAR MOBILIZING THE CLIENT UNDERWENT HERNIORRHAPHY

The scholar monitoring vital signs on the second post operative day of herniorrhaphy

The scholar dressing the herniorrhaphy wound